Canadian Hospital

Journal of The Canadian Hospital Association

FALL PURCHASING ISSUE

October, 1960

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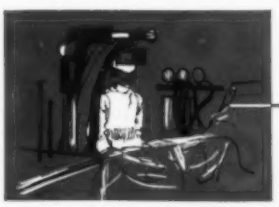

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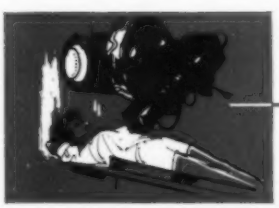

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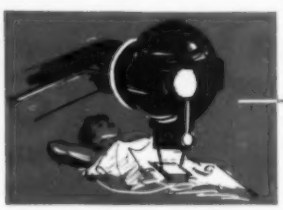

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Canadian Hospital

THE JOURNAL OF THE CANADIAN HOSPITAL ASSOCIATION

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Contents

October, 1960, Volume 37, No. 10

Cover Picture—Display of exhibits at the meeting of one of our member associations.

For Subscription Rates See Page 148

Business Manager: Charles A. Edwards
Advertising Manager: Thomas L. Wells
Advertising Offices: 25 Imperial Street, Toronto 7, Ontario
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20-026—Standard Bedside Tab

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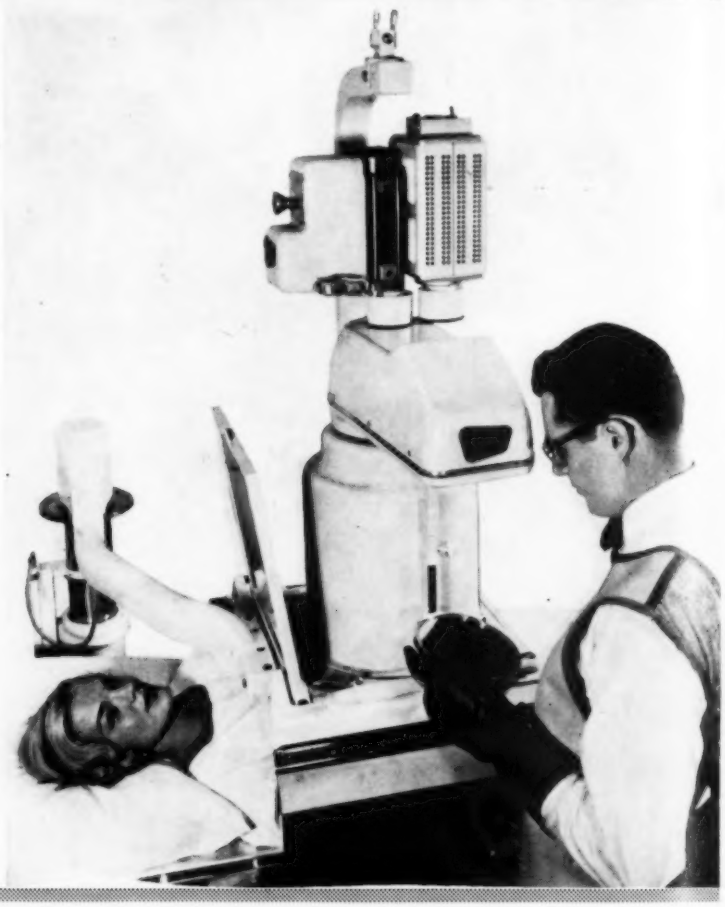

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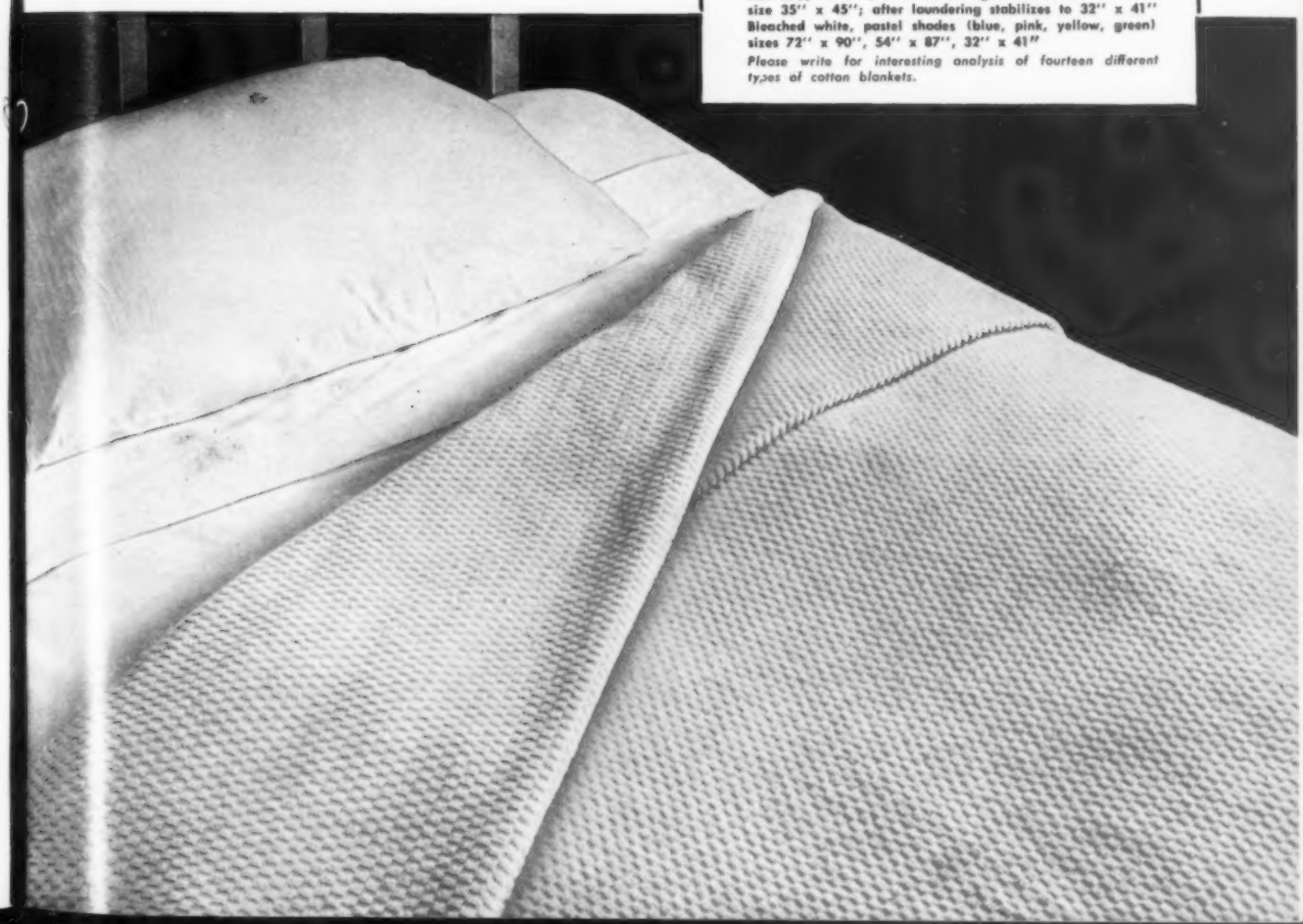

Notes About People

Dr. A. C. McGugan Retires

After 18 years as superintendent of the University of Alberta Hospital, Dr. Angus McGugan relinquished that post as of October 1st. Dr. McGugan, a graduate in medicine of the University of Alberta, holds also a diploma in public health from the University of Toronto and through the years he has displayed a constant interest in public welfare. For many years he served on the board of directors of the Associated Hospitals of Alberta and for two terms was its president. In 1953 that association presented him with a citation in recognition of his many services. He is a past director of the Canadian Hospital Association and was president from 1953 to 1955. In 1959 he received the George Findlay Stephens Memorial Award which is bestowed by the national association for noteworthy service to the hospital field in Canada. For nine years Dr. McGugan was co-ordinator of the Western Canada Institute for Hospital Administrators and Trustees and he was chairman of the first board of trustees of the Alberta Blue Cross Plan. He is a fellow of the American College of Hospital Administrators and served a two-year term as regent for the College in district 15. In January of this year he was elected alderman for the city of Edmonton.

Dr. McGugan has indicated that he does not propose to be inactive and will engage in hospital consulting. His many friends will wish him, as we do, many long years of successful and happy activity in that field of endeavour. —*Ed.*

A. C. McGugan, M.D.

L. R. Adshead Now Administrator

Lawrence Reginal Adshead has been appointed administrator of the University of Alberta Hospital in Edmonton, Alta., as of October 1st, on the retirement of Dr. A. McGugan.

Mr. Adshead joined the staff of the University Hospital in 1928 as accountant. In 1943 he was named treasurer and executive assistant to the superintendent. From 1952 to his present appointment he was business administrator of the hospital.

Mr. Adshead is a member of the American College of Hospital Administrators and was secretary-treasurer of the Associated Hospitals of Alberta for 12 years and now is a member of the board. He is also a member of the board of the Alberta Blue Cross plan.

Now Medical Superintendent

Dr. Bernard Snell, who has been assistant medical superintendent of the University of Alberta Hospital in Edmonton since 1957, has now been named medical superintendent.

Dr. Snell was born in Glasgow, Scotland, and graduated from the University of Glasgow in 1943 with a degree in medicine. During the war he served in the merchant navy as a ship's surgeon. After the war he took graduate training at Glasgow and Edinburgh, receiving his diploma in public health in 1946 and his membership in the Royal College of Physicians in 1951. Prior to his coming to Canada Dr. Snell was assistant medical superintendent of Monsall Hospital at Manchester, England, for six years.

Northern Affairs Appointment

William E. Powell joined, last summer, the staff of the Education Division of the Department of Northern Affairs and National Resources at Ottawa, after 15 years with the Department of Veterans Affairs. It was from the position of assistant manager at Sunnybrook Hospital in Toronto, that he resigned to take on his new work with the Northern Affairs. Mr. Powell is a graduate of the extension course in Hospital Organization and Management.

Dr. Alan Brown

Dr. Alan Brown, physician-in-chief for 31 years of The Hospital for Sick Children in Toronto, died on September 7. Dr. Brown was one of three doctors who developed a very well known baby food, Baby Blum. During his career two of his greatest concerns were to make immunization of children against diphtheria a routine measure and to make the pasteurization of milk compulsory.

Dr. Brown was a past president and organizer of the Canadian Society for the Study of Diseases in Children and he was also active in other professional societies. He was co-author with Dr. Elizabeth Chant Robertson of *The Normal Child* and with Dr. Frederick Tisdale of *Common Procedure in the Practice of Paediatrics*. He contributed to many scientific and clinical papers on child care.

Appointments at Joseph Brant Hospital

Two appointments have been made at the Joseph Brant Memorial Hospital in Burlington, Ont.

Harry A. Smythe of Waterdown will join the hospital in December as pharmacist. Mr. Smythe developed a method of prescription pricing now in general use throughout the city of Hamilton.

Mrs. Elizabeth Noble of Hamilton, who is now housekeeper at the Oakville-Trafalgar Memorial Hospital, will take up her duties as housekeeper at the Joseph Brant Memorial Hospital as of November 1.

New Appointment at O.H.A.

The Ontario Hospital Association has appointed Janet Martinello, Reg. N. to the staff. Miss Martinello's primary duty will be that of encouraging and participating in high school guidance programs featuring hospital careers, and helping to co-ordinate the activities of the association with those of allied professional groups throughout the province.

A graduate of St. Michael's Hospital School of Nursing, Toronto, Miss Martinello took post-graduate work in Nursing Education

(continued on page 22)

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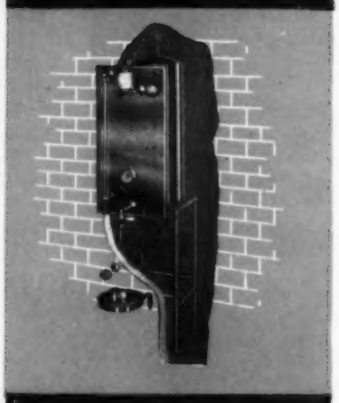

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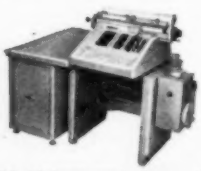

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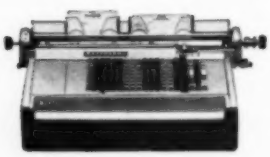

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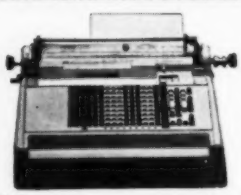

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People
(continued from page 14)

tion at the University of Western Ontario and was a clinical instructor at Sudbury General and St. Michael's Hospitals before joining the O.H.A.

Governor-General Honoured by C.M.A.

Elected to honorary membership in the Canadian Medical Association is His Excellency Major-General Georges P. Vanier, D.S.O., M.C., C.D., Governor-General of Canada. General Vanier's acceptance of this honour brings to three the non-medical honorary members of the association, the other two being The Right Hon. Vincent Massey and His Royal Highness Prince Philip, The Duke of Edinburgh.

N.K. Barr at Crease Clinic

The administrator of the Crease Clinic of Psychological Medicine at Essondale, B.C., is Norman K. Barr who was formerly with the B.C. Hospital Insurance Service as hospital inspector and consultant. Mr. Barr is a graduate of the course in hospital administration at the University of Toronto (1953). His residency was taken at the Royal Jubilee Hospital, under the preceptorship of George Masters, and he became assistant purchasing agent at that hospital prior to joining the staff of the B.C.H.I.S.

New Pharmacy Apprentice

Kay Marino, winner of the Horner Prize in Hospital Pharmacy for 1960, has joined the staff of Toronto East General Hospital as apprentice in the pharmacy department. As a pharmacy undergraduate at the University of Toronto she received two bursaries in her fourth year—from the Canadian Foundation for the Advancement of Pharmacy, and the Dominion-Provincial Bursary.

Changes in Staff At St. Joseph's, Brantford

Sister Bonaventure, superintendent of nurses at the St. Joseph's Hospital in Brantford, Ont., is now both superior and administrator. She replaces Sister Irene, superior of St. Joseph's Hospital since it opened five years ago, and Sister St. Paul, administrator. Sister Irene goes to the House of Providence in Dundas as assistant superior and Sister St. Paul goes to St. Joseph's Hospital in Hamilton as superior and administrator.

Sister Clotilde from St. Mary's Hospital, Kitchener, Ont., took up her duties as assistant administrator. Sister Althonsine, also of St. Mary's, becomes superintendent of nurses.

O.H.S.C. Appoints New Nursing Consultant

Dorothy Monteith

The Ontario Hospital Services Commission staff of nursing consultants has been raised to four by the appointment of Dorothy Monteith, B.Sc.N.

Miss Monteith brings to her position a great deal of experience in hospital nursing administration, including two years as director of nursing at the Sudbury Memorial Hospital. Miss Monteith was also assistant director of nursing at Guelph General Hospital and has spent considerable time in the United States furthering her education and taking various positions in hospitals.

New Commissioners at O.H.S.C.

James McIntosh Tutt and O. B. Roger have been appointed commissioners to the Ontario Hospital Services Commission, bringing the total number of commissioners to six.

Mr. Tutt has been a director and is a past president of the Ontario Hospital Association and a former member and chairman of the board of governors of Brantford General Hospital.

Mr. Roger, a native of London, England, is director and treasurer of the New Mount Sinai Hospital, a director of the Ontario Hospital Association and a trustee of the Nightingale School of Nursing

New Manager for Medical Care Plan

S. P. Brannan has been appointed as general manager of Maritime Medical Care Inc. which is sp n-

(continued on page 28)

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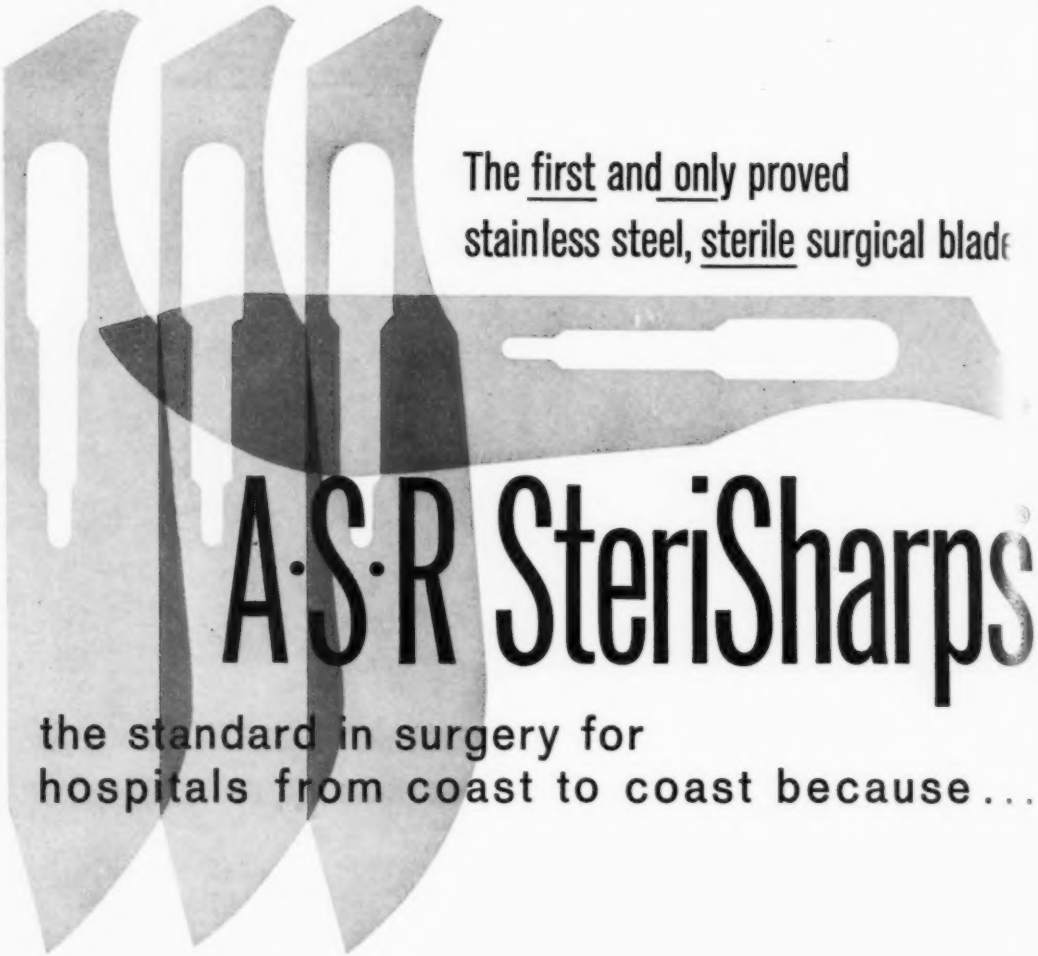

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People
(continued from page 22)

sored by the Medical Society of Nova Scotia. Mr. Brannan has wide experience in the prepaid medical plan field and was formerly assistant general manager of Medical Services Inc., Saskatoon, Sask.

Rehabilitation Division

A Division of Rehabilitation has been formed within the Ontario Department of Health with Kenneth L. Hawkins, as director. Mr. Hawkins has been active in rehabilitation for six years, having been associated with the Rehabilitation Section of the Division of Tuberculosis Prevention.

The new division will ultimately provide rehabilitation services for all physically ill and disabled persons in that province. At first the program will apply primarily to the mentally ill and to the tuberculosis patients in need of rehabilitation. Particular emphasis will be placed on social and vocational aspects.

At St. Joseph's, Hamilton

Dr. K. J. Williams, recently associate medical superintendent at the Royal Alexandra Hospital, Edmonton, Alta., has been appointed medical director at St. Joseph's Hospital, Hamilton, Ont. The appointment will fill the need for a full time director to integrate the functions of an increased medical staff at the hospital.

Dr. Williams is a graduate of the University of Manitoba Medical College and of the course in hospital administration and public health at Yale University. He holds a master's degree from that university. He was a member of the administrative staff of the Yale New Haven Medical Centre before returning to Canada.

Dr. K. J. Williams

Sister M. Audry, formerly administrator of St. Joseph's Hospital in Guelph, has been transferred to St. Joseph's Hospital in Hamilton where she will resume administrative duties.

Erratum

On pages 60 and 62 of *Canadian Hospital*, September issue, we published the portraits of Canadians who had recently been received into fellowship in the American College of Hospital Administrators; and herein occurred a deplorable error. Sister Ste. Agathe-de-Jésus appears quite correctly

Mother St-Adolphe

on page 60; but on page 62 she mysteriously appears again, this time with the caption Mother St-Adolphe. We tender our apologies to both Sisters and most particularly to Mother St-Adolphe whose portrait is shown on this page.

- Doris Allin has become the new administrator at the Burns Lake and District Hospital, Burns Lake, B.C. Miss Allin was formerly of Wrinch Memorial Hospital in Hazelton, B.C. and Brantford General Hospital in Brantford, Ont., where she worked as clinical supervisor.
- Sister Mary Camillus has been appointed administrator at the General Hospital in Sault Ste. Marie, Ont. Sister Teresa Agatha is assistant administrator and in charge of the new building program.
- Thomas L. Wells, advertising manager of the Canadian Hospital Journal has become a director of the Toronto Advertising and Sales Club.

(See also page 34)

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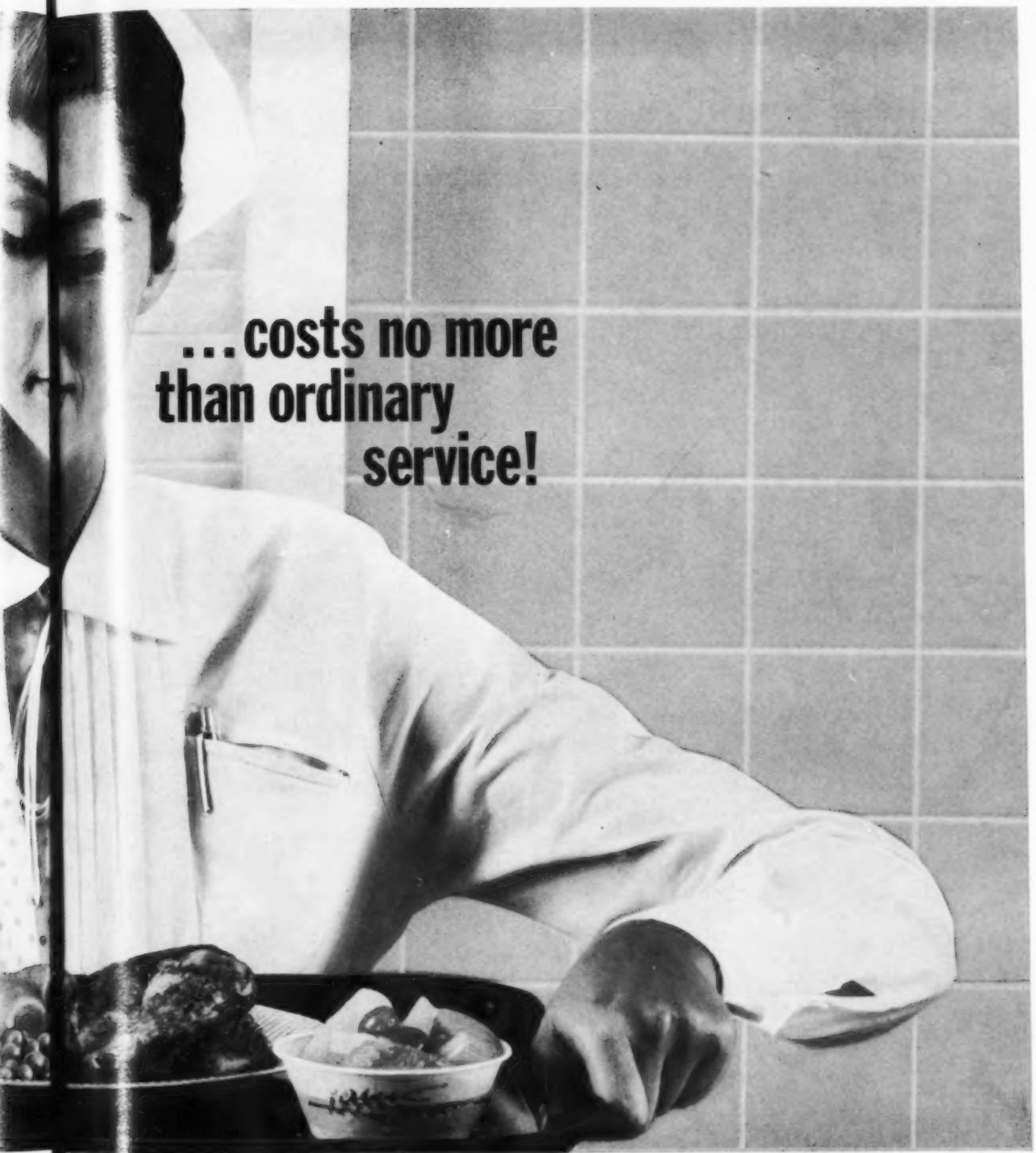

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(concluded from page 28))

I.H.F. Visitors at the Montreal General

Five prominent hospital officials from the United Kingdom recently spent a day touring the Montreal General Hospital. Four of them were also scheduled to take part in a study tour in the U.S.A., arranged by the International Hospital Federation. Photographed at the Montreal General Hospital are (left to right): Mrs. A. Isobel MacLeod, director of nursing, the Montreal General Hospital; A. V. J. Hinds, secretary to the board of governors, United Liverpool Hospitals; K. G. Blackader, honourary treasurer, the Montreal General Hospital; H. S. Dickson, chairman of the board of governors, United Liverpool Hospitals; C. R. Jolly, group secretary, Paddington Hospitals Management Committee; W. E. Hall, director, Division of Hospital Facilities, King Edward's Hospital Fund for London; T. F. W. Mackeown, administrator and secretary, University College Hospital, London; A. H. Westbury, executive director, the Montreal General Hospital.

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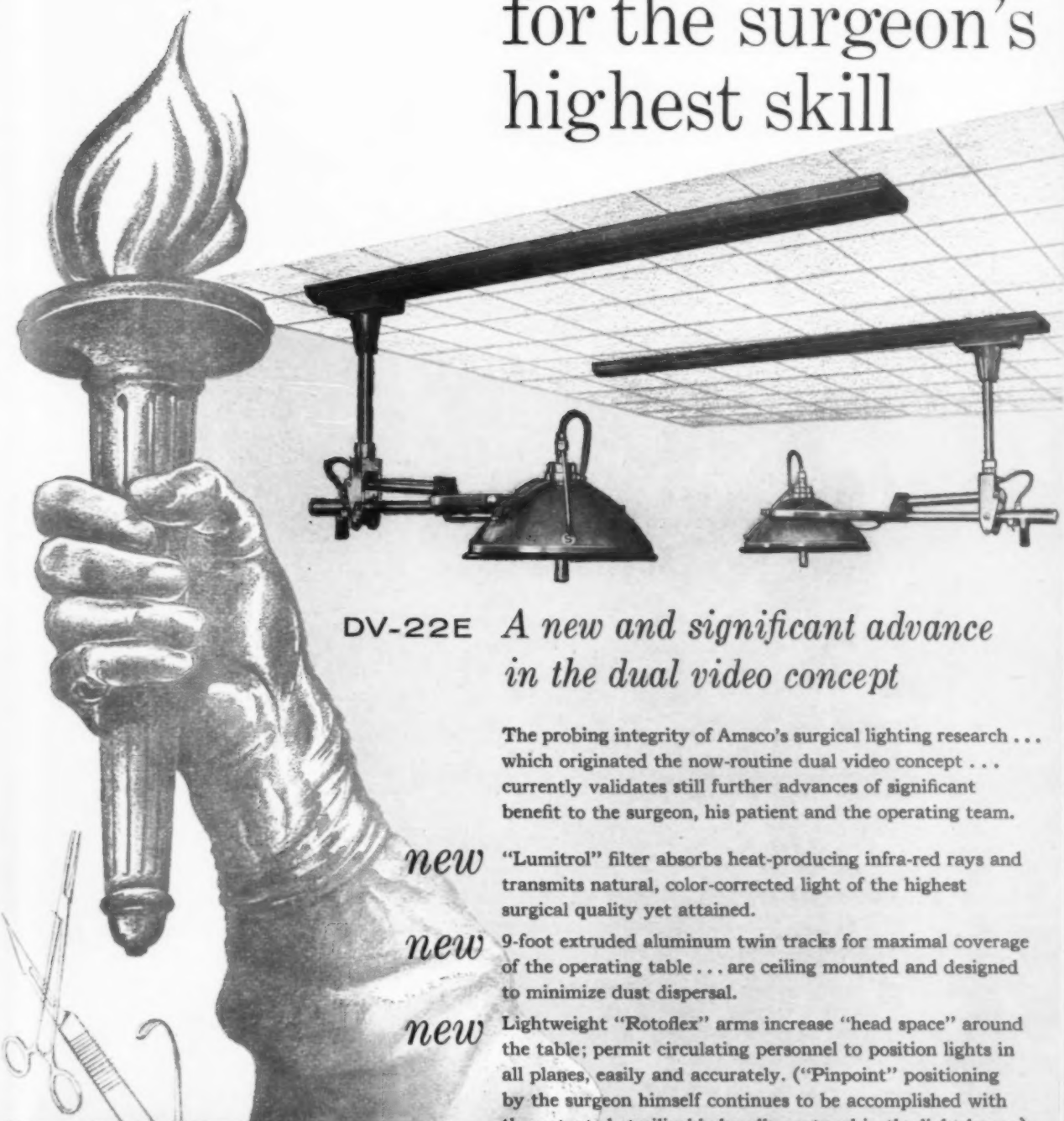

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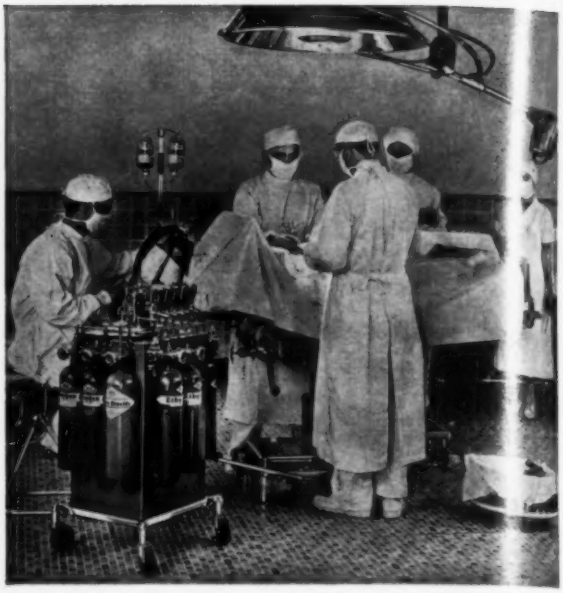

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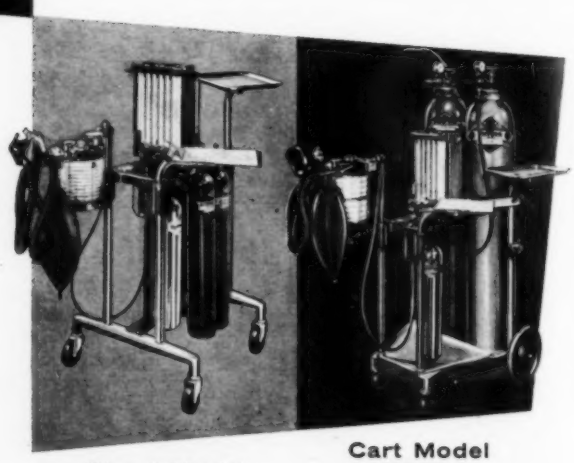

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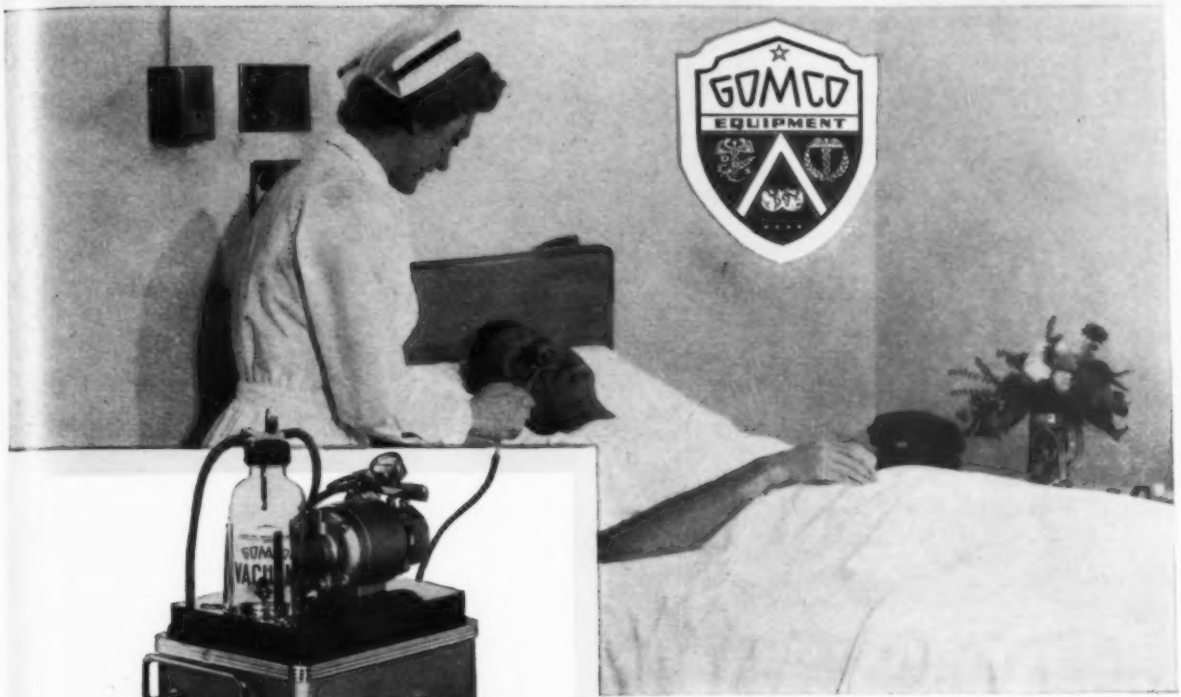

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Douglas Piercey, M.D., Editor

Canadian Hospital

Obiter Dicta

Of Interest to Hospital Buyers

A PRIME purpose of *Canadian Hospital* is to assist hospital people in Canada to do their jobs well. This particular issue contains a number of articles which we feel will be of help and interest to purchasing agents. Among these are *Bulk and Contract Buying* by Sidney Liswood and Andre Schabracq of New Mount Sinai Hospital in Toronto; and *Purchasing Techniques for Small Hospitals* by C. R. Elliot of Humboldt, Sask. A special feature displaying products recently announced by supply houses should provide interesting and informative reading for hospital people.

It is appropriate at this time that we inform readers of a change in the format of the next *Canadian Hospital Directory*. Beginning with the 1961 edition, we intend to publish, as a separate section of the directory, a *Hospital Purchasing Catalogue File*. This will consist of a classification of all advertising material in the directory under broad categories such as: Administrative; Housekeeping; Professional Supplies and Equipment; Building; Food Service; Laundry; Laboratory and Pharmacy; Physical Therapy; and X-ray.

By arranging all advertising material in this way, we hope to improve the usefulness of the directory and provide the hospital purchasing agent with a wholly-Canadian ready reference file.

Should a Doctor Contribute to a Hospital Building Campaign?

In the July 9, 1960 issue of the Canadian Medical Association Journal there is a letter concerning the question of whether or not physicians on a hospital medical staff should be asked for cash donations. The writer indicated that pressure is being brought to bear on staff physicians to support hospital expansion programs. The writer suggested that the Canadian Medical Association condemn such practice as unethical.

While we agree with the writer's position that staff physicians should not be pressured into donating, we cannot agree with the inference inherent in his letter that the doctor should not contribute more toward a hospital building program than the average citizen.

We feel that the doctor directly benefits from his association with the hospital and should therefore be concerned with its support, financial and otherwise. The physician gains: 1. a costly work shop (provided by the public); 2. a reduction in travelling time and time spent in visiting patients by reason of their concentration in one place; 3. an increase in earning power caused by his ability to treat more patients; 4. better results—thereby increasing his prestige in the community; 5. because of the increase in third party payments there has been a reduction in the amount of "free work" done by the physician. 6. the provision to the physician of skilled help: nurses, technicians, et cetera, 7. the opportunity to consult more freely with his colleagues; and 8. the opportunity to increase his own knowledge through medical meetings, reading, case studies, et cetera, the facilities for which are provided by the hospital.

In checking the ethical codes of the medical and hospital associations, we are unable to find a specific mention of this subject, but we did find in Section 10 of the Code of Ethics of the American Medical Association, adopted June 6, 1957; "the honoured ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual but also to society where those responsibilities serve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and community". Since the hospital is quite definitely an activity which improves the health and well-being of the community, it follows then that it deserves the support and interest of the doctor.

Yet it appears that this is begging the question. There is no doubt that the doctor, both from the viewpoint of his own self interest and from his position as a well-to-do citizen, should contribute more than the average to the establishment and maintenance of the hospital. But how should this

be done? (We hear reports of pressures being brought to bear on doctors to force them to contribute; by means of quotas for the medical staff, they are told not only that they should contribute but how much they should contribute and this, we feel, is wrong.) The selection of a medical staff should be decided on the basis of merit and no other consideration should interfere. Contributions to a hospital building program should not affect the selection of "conscientious, sober and faithful physicians of upright character, sound morals and good reputation".

To quote from the Code of Ethics of the Canadian Medical Association 1956; "As a stream cannot rise above its source, so a code cannot change a low grade man into a high grade doctor, but it can help a good man to be a better man and more enlightened doctor. It can quicken and inform a conscience but not create one." Only in a few things can it decree 'thou shalt' or 'thou shalt not' but in many things it can urge 'thou shouldst' or 'thou shouldst not'. In this case, we feel that the doctor himself should say 'thou shouldst' but that the hospital cannot say 'thou shalt'.—*G.McC.*

*The Hospital's New Environment**

ECONOMIC and scientific factors have thrust the hospital out of its historic framework and made of it a strange organism, motivated like a charity, operated like a business, regulated like a profession, and governed like nothing else in our society. The greatest impact on Canadian hospitals in recent years has been the entry of government into the hospital field. Governments have assumed total or nearly total financial control which some regard as a threat to the future existence of the voluntary hospital system. There is also the danger of growing public apathy due to misconception of government sponsored hospital insurance.

There are certain dangers implicit in the assumption of government responsibility. Among these is the danger of replacing quality of hospital care by quantity. There is also the possibility of control by some statistical method. And there is also the danger of fear. This fear is revealed in the trend toward an individual approach by each of the hospitals in its relations with government. United, we can stand and face the challenge; divided, we shall certainly lose more of our autonomy. Our salvation lies in being collective on a voluntary basis.

In the past, the hospital let itself stay comfortably in a familiar niche which the people allowed it to occupy without mental reservations. Today, however, we have to bring the hospital closer to the people—through an enlightened public relations program. There is much to keep the public informed about. Hospitals have achieved much that would kindle the enthusiasm of a professional stock promoter. They have wrought scientific and organizational wonders. They have developed administrative efficiency that outranks much of the best in business and industry—but who ever hears about it?

There are many misconceptions regarding hospital insurance. Few people realize that hospitals are not receiving from governments their full operating costs. Some segments of the public even believe that hospitals can now be used as a refuge for unwanted relatives, or as a baby-sitting agency for parents planning a vacation. Many patients do not understand why they should pay the differential between ward and semi-private or private accommodation.

Whether our hospitals will continue to advance in providing quality care under our voluntary system depends to a large extent on our board members. They must be identified as representatives not of a hospital but of the community which they serve. Their trust is not just a hospital, but the community's health. There is much to be done and while we need not be apologetic, we cannot be complacent. We must give our hospitals much special thought and planning and begin to do it today.

**Adapted from an address by Chaiker Abbis, President of the New Brunswick Hospital Association, to the M. H. A. Finance Institute, 1959.*

The Hospital is What We Make It

THE summer issue of *JGH Jottings* which is the house organ of the Jewish General Hospital in Montreal has an editorial under the above heading. We are told that it was prepared by the public relations staff of that hospital and because we think it has a message for all hospital people, we are reproducing it in part here—with the permission of the administrator, Samuel S. Cohen. It reads as follows:

The staff, after all, does lend any institution a characteristic of its own. In a hospital this characteristic is of vital importance because it must live up to a rigorous ideal—the safety and care of its patients. Of course, there are other ideals, such as goodness, efficiency, et cetera, but they are all considered as qualities necessary to a high standard of patient care. One can see from this that the staff can make or break a hospital.

Assuming the staff does live up to the ideal of good patient care, there would still be other human qualities to consider in determining the essential character of a hospital. A doorman might be most efficient in assisting an incoming patient and yet succeed in disturbing him because of cold brusqueness. A social worker might be efficiency and the rule book personified, but if a patient means nothing more than a number to her it will in time become evident that she has betrayed her profession. Similarly, a lab technician could easily prevent unwarranted fear during a blood test by taking a moment to explain the procedure and calm the patient. Again, a quiet, relaxed "hello" at an office worker's telephone will have its effect felt somewhere on the other end of the line.

The point, we hope, has been made. A hospital's character does not consist solely in the efficiency with which work is carried out. Such efficiency must be taken for granted by any hospital. A hospital's character is rounded out by the quality of personal contact between the patient as an individual and the staff as individuals. Seen in this light, each staff member is a public relations officer for the hospital.

We at the Jewish General have long held fast to the ideal of good patient care and all that it implies only because the doctors, nurses, technicians, orderlies, ward helpers, office workers, maintenance and kitchen personnel as well as supervisors have co-operated to make the ideal work. But vigilance is the new word of caution for today, because of the growing complexities in modern medicine and in the ancillary services. We need more than ever constant reminders that it is we—the staff—who make the hospital what it is. Directed toward an ideal which is certainly worthwhile from any humanitarian point of view we should be able to say with pardonable pride: "This hospital is what we've made it."

Purchasing Techniques for Small Hospitals

C. R. Elliott,
Humboldt, Sask.

APPROXIMATELY 30 per cent of hospital expenditure is for purchasing of one kind or another. Even the small 10-bed hospital is probably the largest employer and the largest spender of money in the rural community. Bear in mind, that for the most part, little or no savings can be made on salaries. These are usually set, excepting for such items as overtime. However, with regard to purchasing and conservation of supplies, savings can be made.

First, we have to decide who should have the responsibility for purchasing in a small hospital. The responsibility should be on the shoulders of as few people as possible and it is suggested that the secretary-manager or the matron has this responsibility, although there is no particular objection to both persons sharing. Great care must, however, be taken if two persons are buying, to see that there is no duplication. If the secretary can devote time to this task he should. The matron, who is more familiar with certain items, such as drugs, medical and surgical supplies, should interview the salesmen and send her requisitions to the secretary, so that he can write up the order and sign this. It should be noted here that requisitions for narcotics must under federal law be signed by a doctor or pharmacist and should be counter-signed by the secretary-manager. This will give him an opportunity to exercise control with regard to the budget and inventory. It is not practical, in most small hospitals, to maintain a perpetual inventory and therefore this scrutiny and periodic stock check is most important.

The limits within which the purchaser can buy should be set up by the board as a purchasing policy. Routine supplies for the hospital should be purchased by the secretary without prior approval, up to the amount of approximately three months' normal supply. It will be the secretary's responsibility to consider availability of supplies and funds, as well as the quantity discount which he may obtain by making a larger purchase.

With regard to capital expenditures, I would suggest that $50 should be the maximum which the buyer can purchase without prior board approval.

How do you buy? You should buy to obtain the best ultimate value for your hospital, and this does not mean the dearest or the cheapest. You should be buying with one prime consideration, that is, buy the best for the care of the patients in your hospital. Therefore, you must have sufficient stocks on hand to meet normal requirements, plus a little extra to meet emergencies. Buy items which are adequate for the care of the patient and for the performance of the function required.

To stress what I mean by best value, there are three major points to consider: the initial cost, suitability for purpose, and the cost in use factor. The last two tie in closely together. The initial cost of an item is self-evident, but how many of us give much thought to this point. Do we attempt to get the best price? Do we ask for tenders, or are orders placed on a convenience basis? Do we buy in quantity? Do we attempt to balance our stocks? Do we consider that the discount which we can obtain by buying in quantity may be exceeded by the interest charges on an overdraught at the bank, and the utilization of space which may be needed at some date for other purposes. Overbuying results sometimes in obsolescence, sometimes in spoilage, sometimes in pilferage and waste. Although you can be offered a good buy on a quantity, which may net you a three or four per cent saving, it may be that, in the middle of the year when you have large stocks in your store rooms, you would be better off having money in the bank. When you borrow, consider the amount of interest you pay and remember that goods held in stock are similar to *cash* sitting on the shelves, not earning interest.

Generally speaking, on no occasion should you have more than three months' stocks and, normally, you should not hold less than one month's stock. There are obvious exceptions to this rule, for example where you are buying forms and you know that these are going to be used for the whole year, then it is as well to buy a year's stock, so that you do not have the expense of a re-run. When you are buying perishables, obviously, you buy less than a month's minimum suggested. Let us consider suitability for purpose. By this, we mean that the item we buy does not have to be superior, but has to be adequate. It is not necessary for you to buy always

(continued on page 164)

The author is regional hospital coordinator, Quill Plains Regional Hospital Council, Sask. From a paper presented at the 41st annual convention of the Saskatchewan Hospital Association, 1959.

Bulk and Contract Buying

Sidney Liswood, M.P.H., F.A.C.H.A.
and
André Schabracq,
Toronto, Ont.

THE question of buying in bulk and on contract for hospitals should receive serious thought and consideration. Like any matter of decision, there are general principles involved and applicable, as well as arguments for and arguments against. Management must decide after considering all facets of the matter but, before considering the pros and cons, the following three conditions must be met in order to arrive at a decision on bulk buying:

1. Do we have the space for adequate stores?
2. Does the hospital enjoy a favourable cash position?
3. Do we have a perpetual inventory system which tells us how fast the items are moving from our shelves, so that we may base volume buying intelligently and realistically?

If these conditions have been met and we have satisfied ourselves that we are ready to investigate the implications of bulk buying, let us first consider the positive side and advance as many favourable arguments as possible.

Advantages

As a principal argument, we would venture to say that there are greater possibilities of securing advantageous terms by buying larger quantities, with prices even lower than the best possible discounts mentioned always at the far right side of the price lists. We would like to stress this point. Any vendor is interested in volume, particularly, when it can be managed with the least amount of cost to him, such as invoicing, handling, freight charges and miscellaneous charges. Thus it stands to reason that, when negotiating a quantity purchase, the vendor is usually willing to consider substantial discounts.

Consider for argument's sake, the purchase of ten times ten cases of apple juice. To the vendor it means ten invoices, ten entries in accounts receivable, ten times handling in the warehouse, ten freight bills. If the complete transaction can be made once, it is natural that we should be able to obtain better terms. Another important aspect which is worthy of our consideration is the amount of paper work which is required to handle ten times an item which could be handled once. Instead of entering ten times the receipt on our perpetual inventory cards, instead of processing ten invoices, we do it now only once. This will diminish our own paper work, resulting in more time for more important things. We tend to forget the cost of purchasing in itself—and time is money. In industry it is quite customary to compute the cost of the purchasing function, since the cost of purchasing is a real direct expense to that department and an indirect expense to all other departments. In industry this cost is arrived at by compiling the cost of operating the purchasing department for a given period of time and dividing this by the number of purchase orders issued, or by the number of purchases made during that period. (*Cost and Production Handbook*, Ronald Press, New York, page 341.) From this, the average cost per order is determined and conclusions can be drawn from this information.

As mentioned before, time is of the essence in proper purchasing methods and we must constantly guard against getting lost in mountains of paper work. Unnecessary loss of time is unnecessary expense; in addition unnecessary use of the purchasing agent's time detracts from his ability to do creative thinking or thinking at all. How often can we sit down and think of the things, or do things we wish? Think what—and do what?

We can think of many things which are of the utmost importance. To mention but a few: New product research, product evaluation, studies of the cost of disposables versus non-disposables, et cetera. How often do we spend time in other departments to get a closer look at how supplies are being used, why and for what?

These aspects of our work seem to us of great importance and the more time we make available for such projects, the more beneficial they will be to the hospital and to ourselves.

Now, why this digression from our topic in question? We thought it of enough importance to stress this point. In our many contacts with people in the field of hospital purchasing in Canada, as well as in the United States, during institutes and conventions, this question of time has always been uppermost in their minds.

The third advantage of bulk buying is obvious: It is wise to have adequate supplies on hand and be able to handle any emergency which might arise, such as strikes, transportation troubles, sudden demands on the hospital's ability to cope with a situation wherein the availability of sufficient supplies is of utmost importance.

A corollary benefit of bulk buying is that it compels one to standardize supplies and equipment as much as is practical.

Mr. Liswood is administrator and Mr. Schabracq is purchasing agent at the New Mount Sinai Hospital, Toronto, Ont.

Obviously, the fewer items of a given product to be purchased, the greater will be the volume of any one item. The greater the volume, the lower the price.

The last and equally important point in favour of bulk buying is the knowledge that purchasing is done on a well planned basis, with nothing left to the hazards of hand-to-mouth buying or buying in small quantities, *i.e.*, just enough to cover requirements for a short period of time.

Possible Disadvantages

Now we would like to discuss the points which are frequently raised against bulk buying, and to comment on these.

First of all, the chance of physical deterioration of the commodities. How does this affect cost? Our answer to this would be It is quite logical that we should consider for bulk purchasing those items which have a fairly long shelf life. In our "field", the "bread and butter" items such as dressings, sutures, syringes, needles, solutions, paper goods, do not deteriorate, provided proper care is taken—such as good ventilation, dry and possibly cool locations, vigilance against vermin, rodents and proper dunnage.

The second point which could be advanced is obsolescence. Again, this could be an argument if ours were a revolutionary industry where things change overnight and obsolescence is the order of the day. The medical and surgical field by its very nature moves carefully and deliberately. As far as the medical and surgical supplies are concerned, there is not much that can become obsolete suddenly, even if new techniques are introduced from time to time; there is always occasion enough to use up the older supplies. A case in point is the packaging of sutures. The new plastic "sachet" has met with considerable success and although we had a fair number of the old type glass tubes in stock, there was no reason to throw out these on hand.

Obsolescence can indeed be a real problem when we talk in terms of equipment, instruments, laboratory apparatus, which might, due to new techniques or entirely new approach, become obsolete quite suddenly.

A third objection against large quantity buying could be price fluctuations. This we would like to answer in the following way.

The demand for hospital service is constant, thus providing the manufacturers of the goods we need with a fairly stable market for their products, with almost a predetermined rate of consumption. This allows for pricing policies with a minimum amount of fluctuations. It stands to reason that the manufacturers have to adjust the labour cost in line with the other segments of industry and, since this goes only in one direction, there is little hope of a decline in prices from this factor of cost. Price adjustments do take place, but it would seem the direction is primarily upward for the future. For example, although there are definite fluctuations in the grey goods market in the United States, the price of dressings has increased. When we are informed of price fluctuations, the news is usually of an increase. The same applies to rubber goods and although this is a rather sensitive market the trend is the same.

Therefore, when we talk about possible overbuying and possible lower quotations for the same commodity four or five months from date of purchase, the chances are rare indeed that prices will drop.

The aforementioned applies only to medical and surgical supplies. The case is quite different when we take a look at foods and especially canned foods. This is an area in which it is difficult to foretell what is going to happen, and if we knew we could be very successful food brokers. As a matter of fact, our hospital buys fruits and vegetables at the time when the canning is finished and our experience has been favourable. During the past seven years it was, with a few exceptions, possible to save considerable money by purchasing canned fruit and vegetables in bulk at the right time. Had we waited three to four months, we would have paid significantly higher prices.

An important factor which, of course, influences the ultimate cost is the inventory carrying charge. This could be a factor of real validity. Some people in industry put a rather high cost on these charges. Cartmell (*Stores and Materials Control*, page 132-3) says: "Carrying charges for all materials in stock include insurance, taxes, depreciation, rent, manual and clerical labour, plus the interest to be earned on the investment, and these probably amount to 10 or 20 per cent per annum of the value of stores". Now, the majority of these factors do not apply, or apply to a much lesser extent to hospitals. We should concern ourselves mainly with interest on investment.

Most of the time a figure of six per cent is allowed for money which could be earning interest. First of all it is doubtful that the hospital could place its excess or cash surplus at 6 per cent per

(concluded on page 176)

The administrator and the purchasing agent meet regularly to discuss new products.

there's gold in them thar cans

Ivor H. Hunt
Toronto, Ont.

WE HAVE often wondered how many hospitals conduct an organized salvage program of re-saleable items in the functioning of their respective institutions. While we cannot take too literally the title variation of the old time gold prospectors' cry, it is evident that in many cases a composite study of re-saleable or re-usable items, which find their way into disposal cans and incinerators, can result not only in the recovery of many items placed there by accident or oversight, but may well represent a source of unseen revenue to the hospital.

If considered on the basis of their individual salvage values, income from single items may seem insignificant when labour and recovery costs are considered. However, as an integral part of an organized plan, each individual item attains a more important stature. To introduce an effective salvage program, it is advisable first to conduct a survey of your particular institution, to assess the possibilities and to determine those items discarded by the hospital which may have a re-saleable value. The extent to which a hospital may go in this regard, will depend to some degree on the size, types of services and location of the hospital. Also, it will depend on whether or not space is available for temporary storage of salvageable materials. A program of this nature is best suited to hospitals located in medium and large metropolitan areas because of the transportation factors involved in regular pick-ups of materials. Nevertheless such a program can, we think, be of some benefit to the smaller hospitals as well.

A hospital with adequate storage facilities and an established central stores and receiving area is best equipped to conduct this type of program. An evaluation of discarded materials which may have a salvageable value will determine whether or not such a function is worthwhile. How often have we heard the complaint that incineration and disposal facilities were not adequate?

It is quite possible that, in addition to the creation of a new source of revenue and the recovery of "lost" articles, an effective salvage program might result in decreasing the load on existing disposal facilities.

Who should handle?

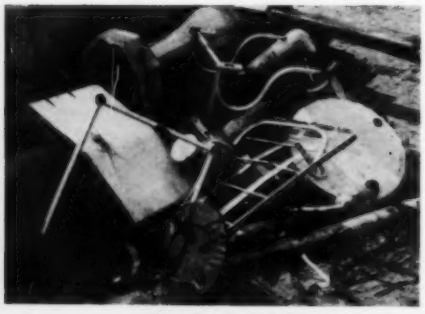
While the disposal of scrap involves selling, rather than buying, it is generally accepted that this is an ultimate function of the purchasing department. Scrap represents an investment originating from the purchasing department and the recovery value can logically be considered as an important factor of material cost, a responsibility that rests squarely on the shoulders of this department. Moreover, the purchasing department is often in the market for used materials, thus the purchasing agent is familiar with commercial dealings and fully aware of the market fluctuations. These bear direct relationship to business activity which is continually under the scrutiny of the purchasing department.

In the United States, scrap is now the 15th largest industry; and in Canada it is growing year by year. Here, in more ways than one is the opportunity for the purchasing agent to show his business acumen. By supervising an efficient disposal program, not only does he indicate his worth to administration but he also gains the personal satisfaction of expertly completing what is after all, the final stage in the procurement cycle.

An example of what can be done in this regard is the case of a large metropolitan hospital which decided to consider, seriously, an organized salvage program and a daily inspection of refuse cans. Initial inspection of refuse cans resulted in the recovery of a sufficient number of table flatware items to justify a daily inspection. Subsequently, a survey of items, having a re-saleable value resulted in a co-ordinated salvage plan and regular inspections of possible

(concluded on page 174)

The author is purchasing agent at Toronto East General and Orthopaedic Hospital.



Obsolete appliances

Primarily to Purchase

G. A. Shaw,
Montreal, P.Q.

THE function of the purchasing agent is primarily to purchase and, secondly, to be available in a consultative capacity.

The prerogatives and responsibilities of his position are defined in the textbook *Purchasing* by Heinritz (which is used at Sir George Williams University) as follows:

1. Selection of the supply source. What to buy is decided in other departments; from whom to buy is the responsibility of the purchasing agent.

2. Contacts with vendors and their representatives should be made through the purchasing department.

3. It is the duty of the purchasing agent to check purchase requests against the need. It is his privilege (note privilege, not authority) to suggest modifications of quality or quantity which may be more economical.

4. The commercial aspects of the purchase are wholly within the jurisdiction of the purchasing department. These include price, terms, conditions, shipping instructions, et cetera.

The latter is a very important point; and this is where the purchasing agent should have full authority, without interference, to obtain the best possible value through the use of competitive bids, fairly obtained, for properly described supplies or equipment, quoted on at the same time and the same basis.

These are the very simple basic functions of a purchasing agent and are easily understood. But, also, they are easily misunderstood if they become obscured by confusion with specifications, budgets, policies, et cetera, where decisions rightly belong in other hands.

Too often in the hospital we hear such remarks as "our purchasing department buys the cheapest shoddiest things they can find." Or a department head mutters darkly: "I can't do a proper job in my department because—look at the kind of equipment and look at the kind of supplies, bought for us by the purchasing agent." From maintenance men it is possible to hear: "You can't fix that equipment. The purchasing agent should have known better but he didn't ask us. What does he know about a surgical operation?" Such comments or alibis, if true, disclose a very serious situation and a serious misunderstanding on the part of the purchasing agent or those who use his services.

There are specific authorities and responsibilities in procuring supplies:

1. The general policy should be broadly, but clearly, defined by the board or by the director. Is the hospital to be equipped in accordance with set standards of service? Is it to be luxurious or strictly utilitarian, or to fit some compromise in between?

2. What funds are available to equip the hospital, what operating costs are within the financial means? Guidance, and the "yes" and "no" answers, must be provided by the financial controller, or by a budget.

3. If we agree that a good workman should know his tools, we must agree that a good department head must know what machines, what equipment and what supplies will serve best in running the department. Furthermore, he or she must be able to express clearly, and in writing, what is required in the department—not in terms of brand names nor necessarily in terms of "what we have always used"—but in specific terms of physical properties such as size, weight, content or function and quality of standard.

4. In the case of major equipment potential, maintenance and installation, costs should be discussed with the maintenance supervisor.

These are the points where decisions on the different phases must be made and these are the parties who are accountable for results. It remains for the purchasing agent to decide where to buy to the best advantage to the hospital. The decision must be based on facts—the viewpoint objective and fair.

These components have been separated to clarify the picture as to who decides what and with whom.

In every-day practice, the routine can become simple and smooth, with decisions made on one phase by each party concerned and consultation and help being offered by each party to the other. Broad decisions, or understandings, can be established so that there is not a constant back-checking on every requisition. The purchasing agent, through dollar savings, can contribute to better patient care just as surely as does the cheque of a generous donor or the funds of the ladies' auxiliary.

Advisory

In what may be called the advisory capacity, the purchasing agent should offer some of the following services:

1. Supply up-to-date information to departments on what is available and what is new. A minor market survey should be made in case of serious problems.

2. Recognize, in routine requisitions, points which specifically should be referred to the director for policy, the controller for financial implications, and the maintenance supervisor for repair or installation problems.

3. To work with supervisors in cost studies of alternate supplies or methods, always being sure to

(concluded on page 186)

From an address presented at the Quebec Hospital Association convention in Montreal, February, 1960. The author is assistant director of Montreal Children's Hospital.

in purchasing consider

COST AT THE BEDSIDE

G. B. Rosenfeld,
Winnipeg, Man.

THE standard equation for many years was that "land, labour and capital are the essentials of an enterprise." In todays modern society, a fourth essential, that of management, is necessary to balance the equation. The effective use of materials (land) and capital is a most important aspect in the purchasing procedures of a hospital.

The landed price of equipment or supplies is still too often thought of as the effective price of a particular item. In reality, the landed price, while a most important fact in the criteria for purchasing, is not the end cost. The end cost is the cost per utilization, which includes labour and capital. Using this revised form as a basis, there has developed newer techniques of evaluation which we in the hospital must examine if we are to maintain our costs at their lowest levels. The price per pound of beef or per pound of sugar must be qualified as to cost per serving of the particular type of meat or class of sugar. In beef, the amount of waste and the amount of preparation time is as important as the price per pound. The price of sugar must be examined in light of the cost on the patient's tray rather than the landed cost in the hospital. This philosophy must permeate through all purchasing requisitions.

The primary step in setting up a good purchasing system must be standardization of all goods and supplies used in the hospital. It is most important to know what one is buying and one should establish criteria for purchasing. This applies not only to the dietary area but equally well to equipment, linen, drugs, fuel, et cetera. Grades of fuels purchased in hospitals are standardized by the type of boiler and effective production of B.T.U.'s. One must examine 'the slag' and the cost of removing ashes, as well as the heat generated to establish the real cost.

In nursing supplies, using the interchangeable syringe as a study, we examined the effective cost of syringes in terms of replacement costs, time saving, storage costs, et cetera, and only after all these were evaluated did we change to an interchangeable syringe. In setting each standard, we experimented until we established what, to us, was the most economic item. No longer were purchases made merely on price alone but on the effective cost in actual utilization. The process of establishing these standards was a tedious one and one that required study by the administrator, department heads, and considerable analysis of the costs that went to make up the real cost of the particular item.

In the field of paints, we used six or seven brands and it was only after an 18 month period that we standardized, because we needed to know how often the paint required washing, how many coats were required for repainting, and the time necessary for painting — when different types of paint were used to paint a standardized room. Through experimentation and standardization, we were able to reduce the amount of paints purchased, as well, because they were interchangeable in different areas of the hospital. For example, we reduced the number of colours used in the hospital from 30 to 17 and thus were able to reduce a carrying charge on approximately 30 gallons of paints. At one time the hospital bought night tables of different types based upon price and delivery, but as a result we found that we could not match colours or furniture. Now, after standardization we have found this problem solved.

The same is true in many areas of the hospital and probably the most interesting savings were made in the dietary and central supply areas. In dietary, after standardization on the size of cans we were using, and examining the quality of different brands at each packing season, we were able in many instances to buy a less popular brand at a reduced cost. We found, too, that our suppliers recognized our desire and we met with them and reviewed the various supplies which they had, we established what for us was effective purchasing amounts and we were able to secure their co-operation and interest in meeting each requirement.

In nursing service, we standardized all our treatment trays and equipment so that all areas were using the identical equipment on a continuing basis. If there was a major change we discussed this with our head nurses at our joint meeting and were able to show them the advantages of our new supplies, or they pointed out to us the practical disadvantages of the change. A test, such as that on interchangeable syringes, has taken months to complete because a number of the older type of syringes are still being used. Standardization in the linen area was made after testing various linens and as a result we have been able to purchase quantities at a quantity price.

The introduction of experimentation and standardization was a responsibility of the administrator after consultation with the Board of Trustees of the hospital. Administration had to explain the economics of this change to the board, pointing out that while the individual cost per item in some instances may be higher, it was possible in the long run to have a real saving.

After 2 years of practical application in a 150 bed hospital, our purchasing agent said, "it works, and works well." The Board of Trustees no longer look at the landed cost, but the *cost at the bedside!* ■

The author is administrator at the Victoria General Hospital, Winnipeg, Man. From an address presented at the Saskatchewan Hospital Association meeting this month.

Figure 3

OPERATING ROOM LIGHTS

care and maintenance

Ira M. Markwood,
Rochester, New York

PERHAPS the most forgotten piece of equipment in the hospital as far as maintenance is concerned is the operating room light. It is suspended from the ceiling, out of the way and receives attention only when a bulb burns out, or when something drastic happens to it. Even on these occasions the only attention it normally receives is directed toward correcting the particular malfunction that has occured.

The light is actually a complex piece of mechanism and should receive all the care which is due it. Much time and thought were spent by the designers in being sure that the light pattern is correct and colour balanced, that the light is properly focused, and within the most desirable range of intensity.

The design of each light is based on a particular type of electric bulb. The use of the wrong bulb, or even the correct bulb with incorrect voltage, will completely nullify all of the efforts spent in giving the operating surgeon proper lighting. For example, a clear bulb should not be used in a light which was designed for a frosted bulb and, conversely, a frosted bulb should not be used in a light which was designed for a clear bulb. Furthermore, a lightly frosted bulb should not be used where a heavy frost was intended, and vice versa. The voltage of the bulb should correspond to the actual voltage supplied to it. If a 120V bulb is used in a circuit which supplies 110V, there will not be sufficient light output. If the reverse is true, light output will be greatly increased but the life of the bulb will be greatly shortened. In case of doubt the manufacturer should be consulted.

Even when correct bulbs are used, light output can be significantly decreased by accumulated dirt. A periodic schedule of routine cleaning will not only help keep light output satisfactory, but will also serve the very important hygienic purpose of removing dust and dirt which collects on the upper surfaces of the light assembly.

In order to maintain proper electrical circuits, commutators, brushes, and sliding contacts should

(continued on page 150)

The author is manager, Service Division, Wilmot Castle Company, Rochester, New York.

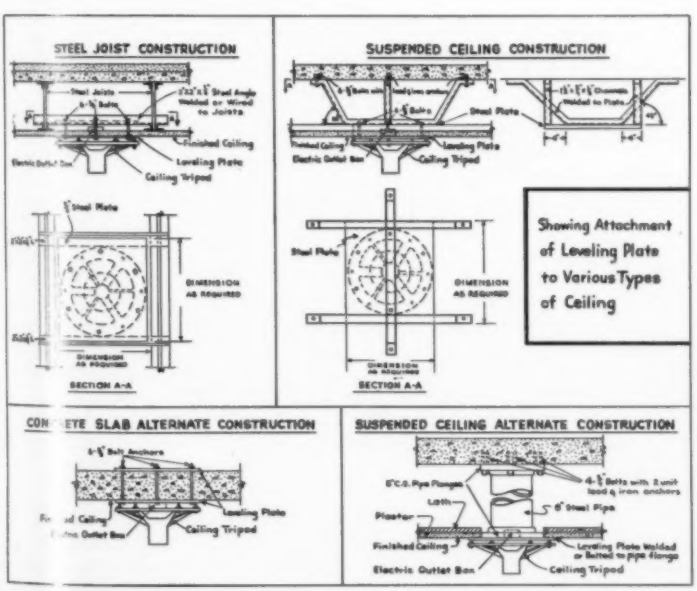
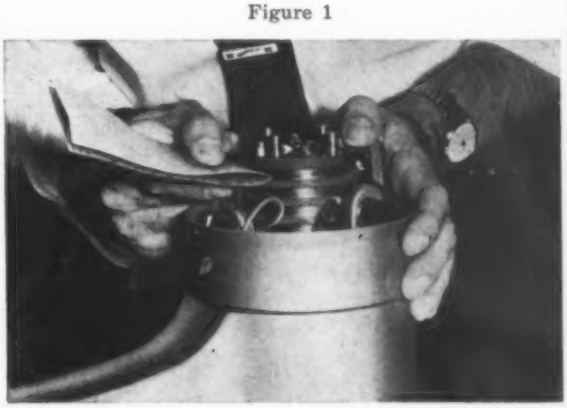


Figure 2

Figure 1



Organize Your Department

H. Schuler
Brantford, Ont.

THE fundamentals and general routine of purchasing are simple and quite evident. It requires, however, sufficient specialized knowledge to mould these into a standardized routine procedure which should be set down at the discretion of the purchasing agent who, in the final stage, is responsible to the administrator for the functioning of the purchasing department.

Naturally, the system would have to coincide with facilities and circumstances which exist in the individual institution. With the exception of emergencies, the procedure should be followed as closely as possible to simplify all transactions in central stores and afford a more efficient service to everyone concerned.

For example, when you are approaching a curve on the highway, the correct procedure is to keep on the right side of the white line. Should you venture into the other lane, there is the possibility of a serious accident. This is also the case when anyone is inclined to take a short cut or deviate from the traffic rules of requisitioning supplies or equipment from an organized purchasing and stores department.

By following the proper channels both service and control are assured which, in turn, enable the department to function more efficiently. The following list incorporates a few of the essentials necessary in organizing the department: (a) responsibility and authority to purchase; (b) establishment of procedure; (c) centralize stores; (d) inventory control; (e) standardization; and (f) receiving and shipping.

The purchasing agent must have the confidence of his superiors, thus enabling him to make decisions and finalize any transaction. A constant review of the budget will show what has been spent and what may be spent for the balance of the year. If the budget has been prepared on a sound foundation of facts, figures and common sense, your spending is limited, but monies will be available for the essentials and new equipment which have been considered in the original planning. The onus is on the purchasing agent, as he should attend budget meetings and assist in preparing the projected cost of supplies and equipment for the coming year. By following this procedure, the department head has complete knowledge of the financial picture regarding purchases to date, and by reviewing, will again project the cost and endeavour to remain within the budget. Through this knowledge, we are able to purchase with confidence and maintain the entrusted authority.

At this point, it is necessary to install a simple routine for requests to purchase and the requisitioning of supplies. Single items valued at $250.00 or over should be considered and approved by an equipment committee or

The author is purchasing agent at the Brantford General Hospital, Brantford, Ont.

the administrator. Routine replacement of supplies are cleared through the normal purchasing channel which is under a perpetual inventory.

A request to purchase is considered from various points of view. Is it a necessity? Was it budgeted for? Will something else be more economical? Quality, cost and, once again, common sense and circumstances play a major part.

New items in the hospital field are numerous and research for improvement never ends. An automobile is not purchased without a trial run, nor should this be done with supplies and equipment. To sample a product, test it, compare it and really give it a going over is just what the manufacturer wants. He, too, is anxious to know how it will stand up.

If it proves satisfactory to those concerned, naturally it is purchased, placed on an inventory card and remains a stock item until a more proficient product is introduced on the market.

Requisition

To requisition supplies from a central stores department is entirely different. This slip of paper, a store requisition, is the centre of operation in so far as issue, inventory control, and cost are concerned. From the moment it is signed by a department head, the wheels start to turn and it is quite interesting to follow through the procedure.

The messenger ward aid will pick up and deliver the requisition to stores in her routine coverage of the hospital, four times daily. A most important part of the system is to have the floors issue their requirements in separate categories, *e.g.*, medical and surgical supplies, stationery, housekeeping, food, china and glassware, et cetera. This enables the stores department to issue categorized items to the ward on one requisition, rather than four or five. The requisition is signed upon delivery to the ward and is returned to stores. The requisition form is shown here.

It is now in the hands of the stores clerk, who will enter the dispersments on his visible inventory control card, deduct them from his stock and show the balance on hand. At the same time, he will price each item, extend and total his requisition and file this for the month end.

We will take as an example the supply and control of a medical and surgical item, namely adhesive tape. The inventory control card, shown in the illustration, indicates each step of the operation. The date, purchase order number, name of supplier and quantity, comprise the first four columns. Upon receiving the shipment, the date is recorded as well as the quantity received. In this case we will consider the shipment complete. From the invoice we enter the unit cost.

The invoice is processed for payment and charged to the medical and surgical inventory account. Bearing in mind that the stores requisition is the hub of the entire procedure, we now enter on the inventory card, the quantity issued, date of issue, and to what

(continued on page 156)

Brantford General Hospital

STORES REQUISITION Date _____

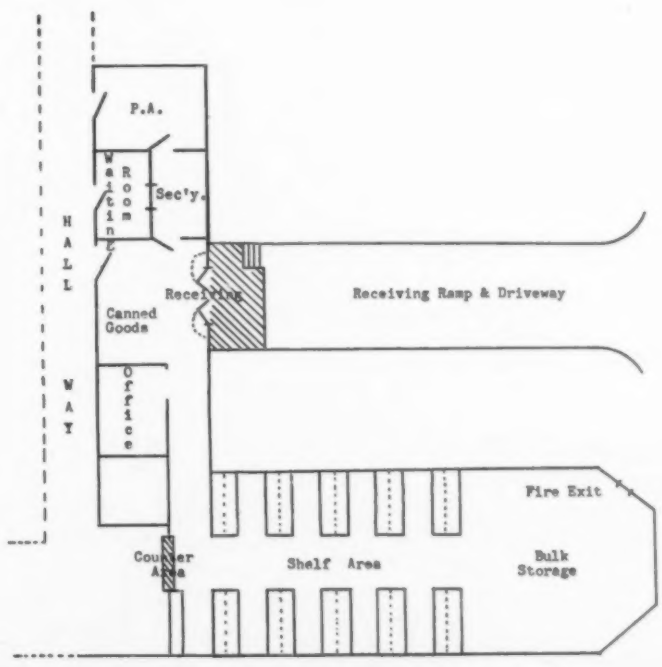
Deliver to _____ Charge to _____

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

Ordered by _____ Issued by _____

Approved _____ Received by _____

HPCo. 52



Main rotunda. Beige broadloom and royal purple upholstery.

WELLAND COUNTY GENERAL HO

— no occupied bas

THE new Welland County General Hospital, with a capacity of 281 beds, was completed last spring. The old hospital, on another site, is being renovated now to become a unit for the chronically ill.

Probably the most interesting feature of the new building is the general conception: that there be no occupied basement rooms, and that, with the exception of patient areas, operating rooms, case rooms and central sterile supply, all facilities should be located on the street floor. This permitted a functional arrangement of those departments which work together, particularly within the extensive street-level platform from which the rest of the hospital arises. The first floor plan is illustrated on page 57. The close-coupling of related services at this level can be understood by comparing this plan with the flow diagram which is shown opposite the plan. See also the October, 1958 issue of *Canadian Hospital*.

The plan of the third floor (O.R. and surgical patients) has been illustrated on page 60. The patients' wings are typical of those used elsewhere in the building. The nurses' stations have been combined with all utilities and are located at the mid-point of the patients served: *not* at the centre of the whole patients' wing. Doing this has produced a situation where the longest

The author is a member of the architectural firms of Agnew, Ludlow & Scott of Toronto and Welland, Ont., and of the Office of Herbert Agnew, Toronto.

Sculptured panel in bas-relief across the front, nine by seventy feet, with low shrubbery.

RAL HOSPITAL

upie basement rooms

Herbert R. Agnew,
B.Arch., M.R.A.I.C.
Toronto, Ont.

To the right biochemical division of the laboratory. Enameled steel and glass partitions. Other divisions are: pathology, flame photography, bacteriology and glassware washing.

White table tops with black ash trays and gay red-orange upholstery in the cafeteria.

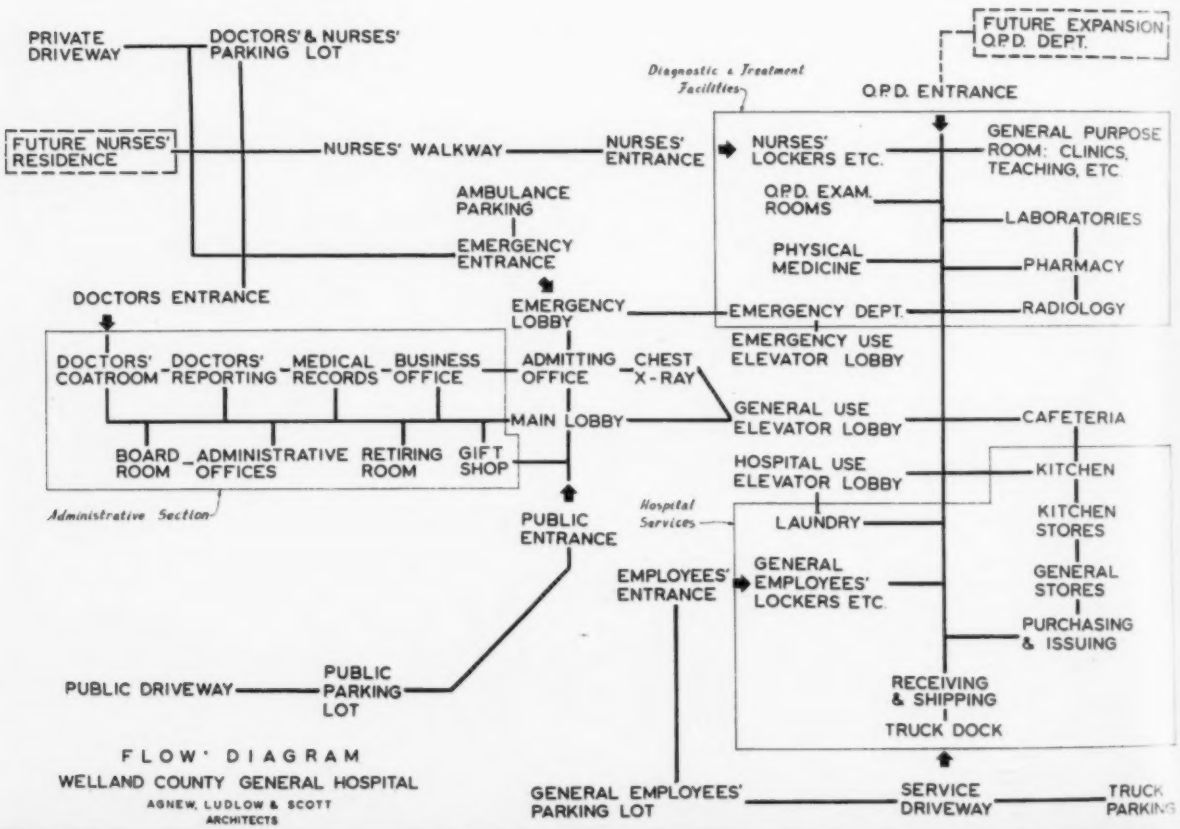
To the left a view of the board room, Chinese red ash trays on teak table. Wall decoration, cupped oak vertical boards.

corridor distance between patient and nurses' station is 55 feet. Directly opposite each nurses' station is a 4-bed intensive care room. Each nursing unit (29 beds) contains one multi-purpose bedroom, which is identical with other 2-bed rooms except that it has its own adjacent utility room and that certain rooms are equipped with facilities for air conditioners, others with security screens. The thought was that these could be used for special cases as needed *e.g.*, to accommodate disturbed, infectious, asthmatic or critically ill patients, as the case may be.

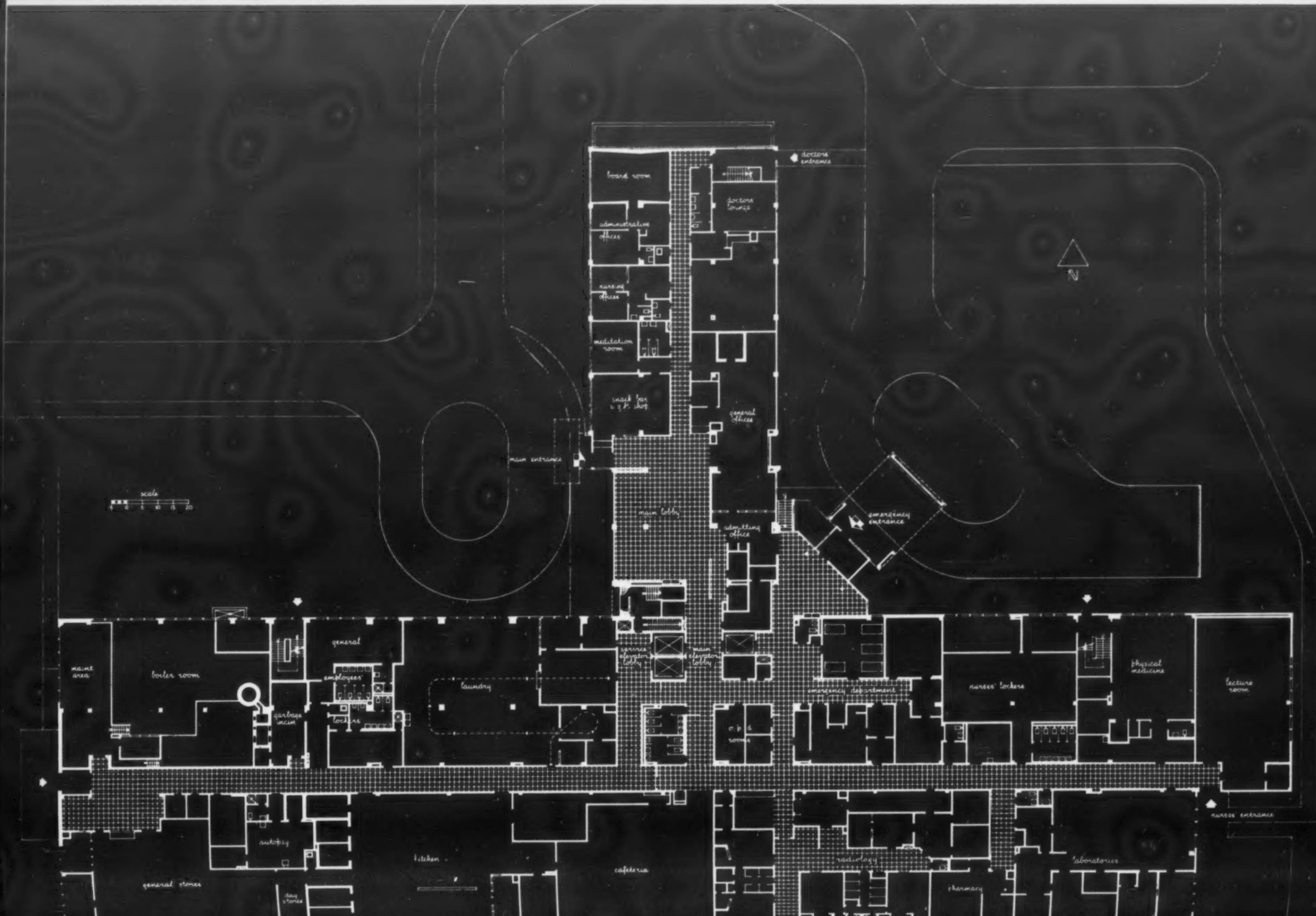
In the operating suite, a few unusual features have been included. The first part of the entry corridor is closed off by doors and is considered a "semi-sterile" area. Off this are the cystoscopy facilities on one side; T & A recovery room is off the other (because of possible traffic by physicians to these children). The remainder of the suite has been planned somewhat differently than is usual. The main corridor is pulled off-centre, to permit a bank of rooms to be located between the O.R.'s and the corridor proper. These rooms are, alternately, sub-sterilizing rooms and areas for scrubbing-up. Space also is provided for stretcher accommodation for each operating room. The advantages of this arrangement are that there is no nurse traffic through the O.R.'s to the sub-sterilizing rooms, and that private space, in sight of the O.R. tables, is provided for scrubbing. The windows in this area have rolling light-proof blinds between the double glass and these are controlled by car window type handles.

Part of the obstetrics floor is shown on page 60 (the bedroom wings adjacent resemble those on other floors). It should be noted that although the central sterile supply is located on this level, the only access to it is from the main elevator hall. The delivery suite has been planned with a double-corridor (race track) plan, specifically to permit the nurses' clean and dirty utility rooms to be in a central location between labour and delivery rooms. In practice this is working out satisfactorily—the nurses can closely attend the labour rooms, while setting-up for a delivery.

In planning the building as a



FLOW DIAGRAM
WELLAND COUNTY GENERAL HOSPITAL
AGNEW, LUDLOW & SCOTT
ARCHITECTS



doctors entrance
board room
doctors lounge
administrative offices
nursing offices
meditation room
snack bar & gift shop
general offices
main entrance
scale
0 5 10 15 20
main lobby
admitting office
emergency entrance
N
general
maint area
boiler room
employees'
garbage incin
lockers
laundry
service elevator lobby
main elevator lobby
emergency department
nurses' lockers
physical medicine
lecture room
o. p. d. rooms
nurses entrance
autopsy
kitchen
cafeteria
radiology
laboratories
general stores
drug stores
pharmacy

Warming cabinet in the O.R. suite.

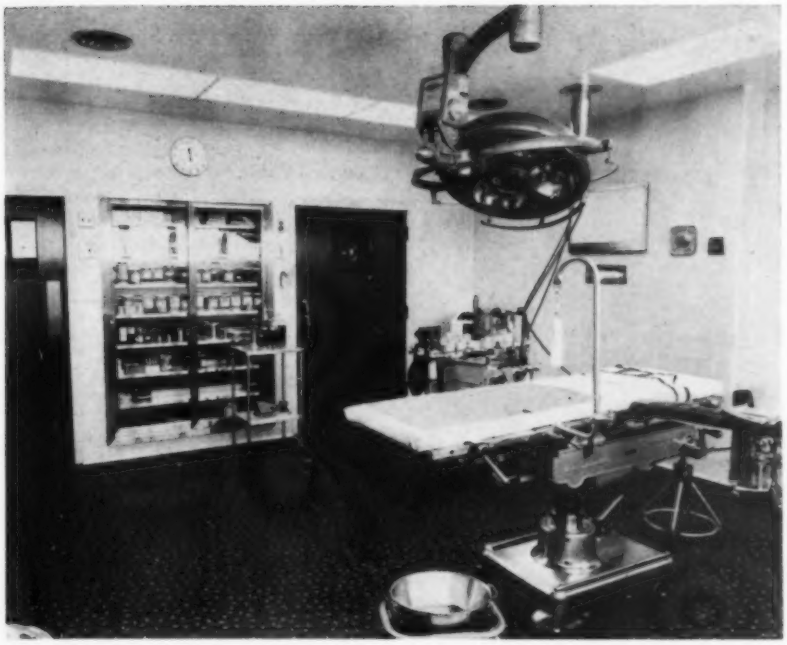
whole, considerable attention was given to the inclusion of features which could be non-institutional in appearance, and yet be durable, and low in maintenance costs. Broadloom carpeting was used at the main entrance and lobby, and special materials such as conductive ceramic tile in explosive areas, but generally elsewhere pure vinyl tile was specified. By adhering to one colour of vinyl throughout, it was found that any of the suppliers was willing to run tile of special colour and appearance, without extra charge. Similar co-operation was recieved on vinyl-coated wall fabrics, which were used to cover all walls in such hard-use areas as corridors. By adhering to large quantities of new fabrics, the materials could be of special finish and colour without added expense.

The occasional furniture and the curtains selected by the hospital all were of contemporary design. The bright colours of the upholstery and the good fabrics for curtains have been admired features.

In selecting the colours for painting within the building, pastel tones were used, combined with strong prime colour as accents. For example, on a corridor which had one wall off-white, the other pale yellow, the end of the corridor appears a rich deep blue. Not the usual treatment of colour in a hospital, but this illustrates a policy which has produced a "non-hospital" atmosphere.

Sterile water apparatus.

Recovery room: oxygen and suction equipment recessed in stainless steel for safety. Indirect lighting with dimming rheostat. Special stretchers remain in the surgical department.



Operating room showing supply cupboard. Doors to the room are of scratch-proof laminated plastic.

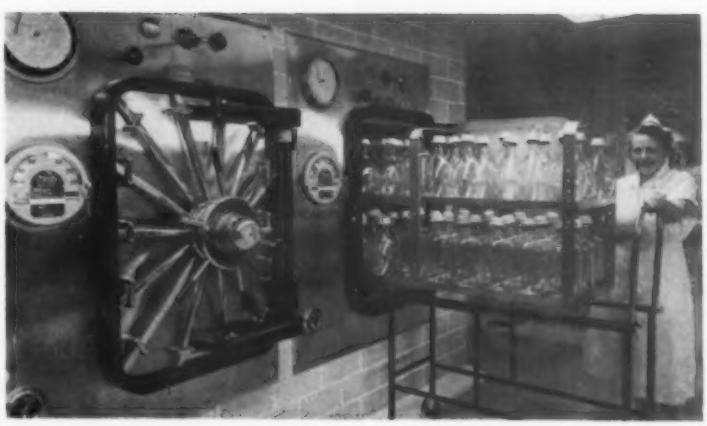
Construction

The building is a completely fire resistant structure with a reinforced concrete frame. On the first floor, walls are of enamelled porcelain on the exterior, with stainless steel dividing members. All exterior walls above the first floor are of 13″ beige brick and tile, with 2″ furring tile on interior sides.

All windows have aluminum sash and are double-glazed. Typical window: double casement units, out-swinging, with interior screen. They are operated by interior cranking handles.

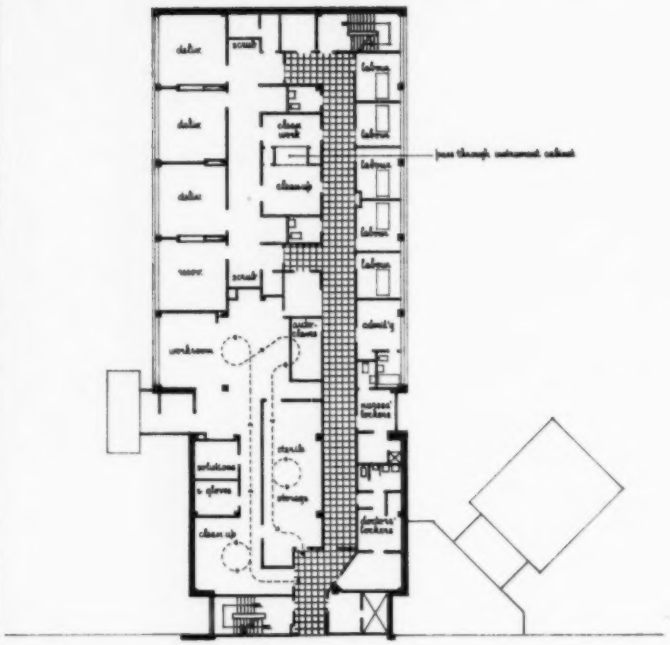
Flooring, generally, is of pure vinyl tile. Interior partitions are, for the most part, terra cotta tile and plastered. All corridors, et cetera, are covered to their full height with vinyl coated fabric.

Ceilings in all areas where piping and duct work exist are removable and of acoustic tile. The acoustic tile is set in aluminum supporting bars, with the tile itself being polyethylene covered fiber-



Above right nurses' station with medicine room at rear. There is a pass-through in the glass partition. Circular-type chart rack.

Lower right a large sterilizer loaded with bottles in the C.S.R.

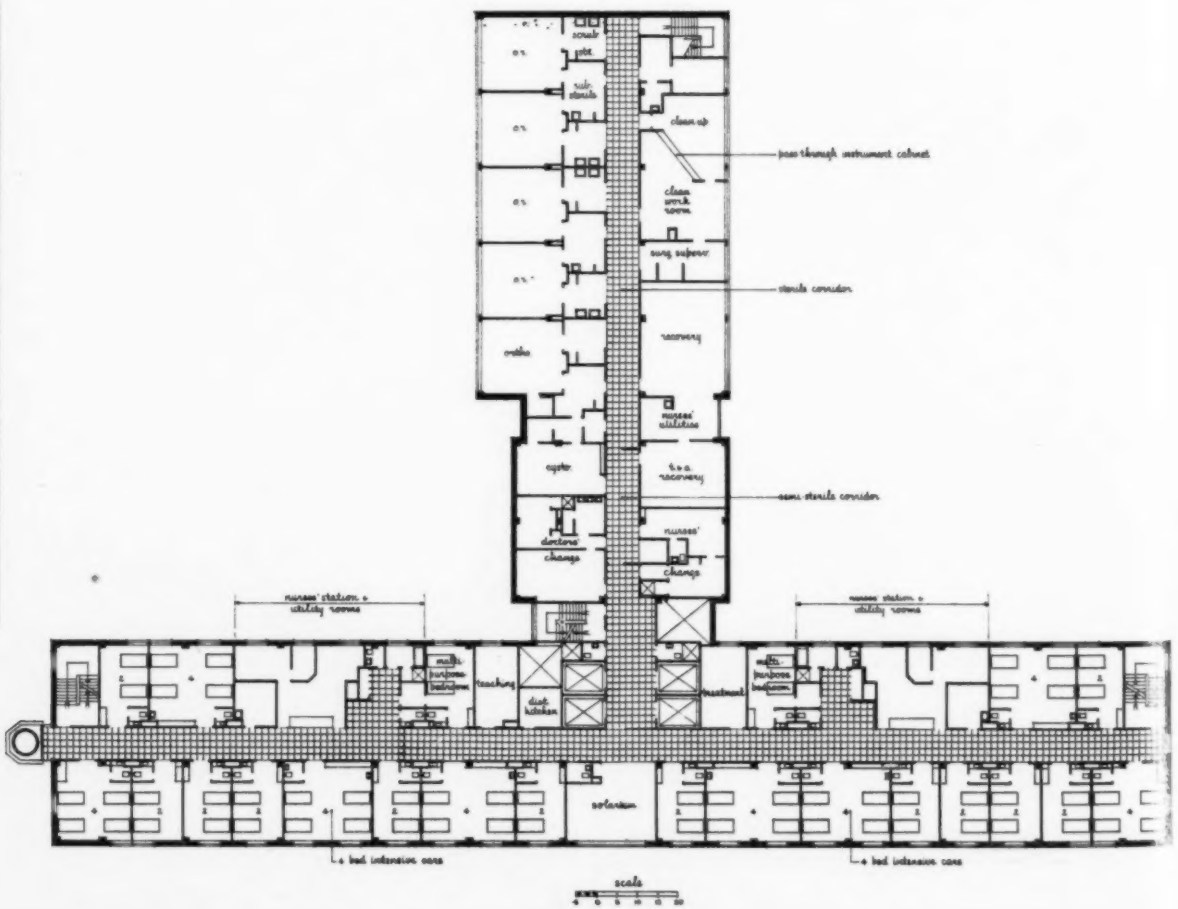


Second floor

glass boards. This may be washed off with damp cloths.

All interior cabinet work is of the best quality, with birch material being used. In all areas where sterile conditions apply such furniture is of steel, finished with epoxy resin paints, factory applied.

Air conditioning is restricted to areas which are constantly occupied by hospital personnel, except for kitchen and laundry. (These are ventilated only, because of the extreme cost of attempting to air-condition such high heat locations.) The areas air-conditioned specifically were: operating suite, delivery suite, radiology suite and all administrative areas. No attempt was made to air-condition patients' rooms, but a large proportion were so planned as to permit individual room air-conditioners to be installed easily at the will of the hospital. ■



Third floor

Welland County

General Information

Owners: Welland County General Hospital, Welland.

Hospital Consultants: Agnew, Peckham & Associates, Toronto.

Architects: Agnew, Ludlow & Scott, Toronto and Welland.

General Contractor: Robertson-Yates Corporation, Hamilton.

Furnishings Consultant: John Brook, Toronto.

Facilities Provided

Beds: 227 active adult beds
32 paediatric beds and cots
16 recovery beds
6 labour beds
281 beds (plus 41 nursery bassinets)

Operating Rooms: 5 (plus Emergency)

Delivery Rooms: 4

Costs

(a) General Contract:
Including exterior grading, sodding and seeding, pavements, laundry equipment, laboratory and pharmacy furniture, sterilizers and stills, x-ray view boxes, dark room equipment, nurse and doctors' call systems, pneumatic tube system, standby power generator, and complete boiler room equipment
$3,355,596.13

(On a bed count of 281, as above, this amounts to $11,900.00 per bed. The cubic volume of the project is 1,939,932 cu. ft.: $1.73 per cubic foot).

(b) Professional Fees:
Architects' and Consultants' fees ..... $ 276,461.00

(c) Hospital equipment and furnishings: ..... $ 442,000.00
Total cost of the project exclusive of land $4,074,057.13

Time:
Architects engaged in February 1957
Construction contract signed June 1958
Building opened April 1960
(22 months for construction)

At right: Steel screen made from welded slices of gas line piping. Sculptured figure by Ursula Haines.

Below: pillow radio receiver with the patient's choice of several stations, both A.M. and F.M. programs.

Children's playroom: comfortable metal meshed chairs are of rubber-coated steel. Letters of the alphabet, numbers and hopscotch are inlaid in the floor. Gaily decorated in orange, blue and yellow.

For Salesmen Only

Ivor H. Hunt,
Toronto, Ont.

IT has often occurred to us that a large part of our education in the field of hospital purchasing has been gleaned by information provided by the host of sales representatives who regularly call on us. Any purchasing agent will readily concede that the most enduring facet of current information is provided by sales representatives during interviews. In the course of the average busy hospital day it is difficult, if not impossible, for the purchasing agent to read and absorb the many pieces of written advertising material that reach his desk. But, invariably, the receipt of advertising material is merely the introductory overture and you can be sure that eventually the subject matter will be presented to you by a sales representative who will discuss the product with you in a way which will provide a more indelible impression. In this way, the sales representative makes a contribution to your general knowledge and in many cases makes a contribution to your particular institution by providing information that may result in savings to your hospital. Granted, sales promotion is the life blood of the sales representative but we cannot help but think that it is an occupation fraught with disappointments and frustrations. In many cases, the salesman is not provided with a working knowledge of presentation, or trained in the specialized methods that form a part of hospital purchasing routine. In this regard it is our intention to reciprocate, and to provide some general information for sales representatives who may not be acquainted with hospital policies and who may, to their distress, have "run the gauntlet" without success. In the main, the policies outlined will apply in the small, the medium and the larger hospitals. To the detail men we would say, as you go about your appointed duties as sales or professional medical representatives, you will find that policies in connection with your detailing work may differ considerably from hospital to hospital. Detailing policies in the main are dependent to a great extent on the size of the institution, the internal organization of the hospital, and to some degree on the services which form a part of the particular operation of the hospital.

In the smaller hospital, the administrative policy may permit you to detail department heads on a direct basis. In many smaller hospitals, the administrator may act in a dual capacity and carry out the purchasing functions as well as his administrative duties.

On the other hand, in some hospitals where it has not been found necessary or practical to correlate the over-all purchasing function under one supervision, you may find that the purchasing of specialized supplies has been delegated to the individual department heads. This method is known as decentralized purchasing.

In the larger hospitals, where the purchasing responsibility has been centralized to the degree that all purchasing and detailing is channelled through one individual or department, you will find that the hospital policy does not permit you to detail department heads or chiefs of medical and other hospital services without first indicating your request to the central purchasing department. Personnel here will have been delegated th responsibility of acting as liaiso between professional supply orga izations and the various depar ments of the hospital. Such an a rangement is logical and practic when you consider the large nu ber of detail men who, if it we not for this policy, would be pe mitted to roam throughout t various departments of the hospi consuming more of the alrea over-taxed time of busy supervis personnel.

We would say first, know t hospital you are about to visit a secondly, know the individual y are about to see. To the prof sional representative, we mig suggest that the acquisition of copy of the *Canadian Hospi Directory* would be a distinct a vantage. The directory provides up-to-date listing of all Canadi hospitals, their administrative personnel, and their respective appointments.

Thus you will, to a degree, have a previous knowledge of the institution and the people with whom you wish to discuss your various products and the size and services of the hospital. You will have the added confidence of knowing the names and positions of key administrative personnel and it will be a simple matter to check with the information desk in the hospital to ascertain if any recent changes have occurred. You will in all probability find that in most hospitals of 150 beds or more, a central purchasing office has been established. In this case, it is preferable to visit the purchasing office directly. In the case of smaller hospitals where purchasing responsibilities have been delegated to department heads, it will be advantageous to see the hospital administrator on your initial visit, and he will refer you to the department head whom he has delegated to purchase the particular type of supply you may be detailing. Reference from the administrator will invariably add prestige to your visit in those cases.

Appointments by telephone are often advantageous if only to enquire whether or not the hospital maintains a schedule of purchasing hours. They are frequently successful in saving time and may result in a profitable appointment. Do not overlook the fact that your prospective client is usually very busy; be specific and brief when making telephone appointments.

You may find that the hospit

The author is purchasing agent at the Toronto East General and Orthopaedic Hospital, Toronto, Ont.

does maintain a schedule of visiting days and purchasing hours and possibly that the day and hour does not coincide with your initial visit. Usually, the purchasing office or the administrator, as the case may be, will see you regardless of purchasing schedules but it is wise and prudent that you take note if purchasing hours are in effect and try to fit future visits to conform with these. In many hospitals where a schedule of regulated hours is in effect, you will find that, the purchasing officer will have duties beyond purchasing to discharge, which makes it impossible for him or her to see you at any time other than during the prescribed hours.

From this you will see the wisdom of setting up, from the beginning, a visiting hours schedule which will enable you to plan your visits and cover your territory more completely. You will find in some cases, hospitals who do not maintain a schedule of purchasing hours but have what we will term "an open door policy" and will see you as time permits.

In the main, most purchasing officials appreciate the fact that you, too, have a busy schedule to maintain and will respect the time you have at your disposal. In turn the purchasing agent will expect that you will respect the time he may have at his disposal. Be positive, but avoid methods which might be construed as high pressure techniques.

Purchasing policies in hospitals may differ as may other procedures, and there may be definite reasons why the hospital is not at present using the products which you have to offer. It may be a matter of preference by the medical or surgical staff or any number of other reasons. To the professional medical representative we would say, good diligent medical detailing is the most effective way by which you can eventually increase your volume of sales, *i.e.*, by creating the demand for your products among the members of the medical profession.

We would emphasize, first, that you know your product and, secondly know your prices and the extent to which you can bargain. It is important, too, that you give some advance thought to interpreting the hospital needs.

In a recent poll of purchasing executives conducted by the Canadian Association of Purchasing Agents, the number two complaint registered was about salesmen who "do not know their stuff" or "who are just passing by". The general concensus of opinion was that this type should "keep going". Number one complaint on the list was late deliveries, inattention to small orders and broken promises. These seem to be the chief problems harrassing the purchasing agent and when you consider that, in most hospitals, the purchasing agent must also do a job of expediting, you will realize the importance of attention to appointments and delivery promises. We would list the most important tools of sales engineering as:

1. Know your products and price structure.
2. Give advance thought to the hospital needs.
3. Be positive in your presentation.
4. Be diligent in detailing.
5. Ascertain the hospital's policy and arrange your visiting schedule to comply.
6. Exert every influence at your command to see that delivery promises are kept.

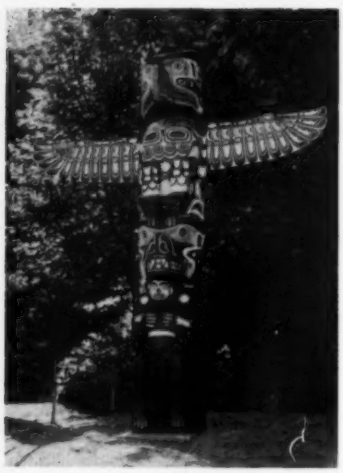
Although we have listed a "positive approach" as number three in the list of basic sales essentials we would like to elaborate further on this point. To be positive in your approach and presentation is one thing, but to have the ability to transmit your enthusiasm to your client is quite another. Some of the most successful sales representatives we have met, in our time, have been those who had developed a sincere belief in the superiority of their products and an enthusiasm which could not be ignored. Such an attitude will invariably impress your client with its sincerity and create an interest in your products. It is also important to you in making a presentation, to repeat the name of the product which you are detailing as frequently as possible during your detail without seeming to be repetitious. We would say further, do not deviate from the original context of your presentation until you are certain that your client has absorbed all of the information which you have to give him. It is wise to avoid any mention of competitor's products during an inter-

(continued on page 180)

At St. Joseph's Hospital, Toronto, Ontario

When the dietitian, Sister Mary Francis (left) plans meals for a day, which may include as a special treat a little cake for a patient's birthday or wedding anniversary, it is the responsibility of the purchasing department, headed by Sister Mary David to provide all the ingredients. Sister Mary David buys everything the hospital needs, from baby bottles to vacuum cleaners.

St. Joseph's Hospital now has a five million dollar extension under construction and is appealing to the public for assistance.



Thunderbird

Setting our sights on the SIXTIES

15th Western Canada Institute for Hospital Administrators and Trustees

Lawrence L. Wilson

OUT of the west, on the cyclic migration, a large multitude of hospital people moved with eager anticipation to the "land of the totems" and were met by their hosts, the British Columbia Hospitals' Association, with a loud and warm "kla-how-ya". This year the 15th annual Western Canada Institute was held in the new Queen Elizabeth Theatre at Vancouver, B.C. It is not known yet whether it was the influence of the small delegation of speakers from the East or the incantations of the local Board of Trade that produced a wonderful week of bright sunny weather, making every native chest swell with pride.

The Program

The Program Committee, under the energetic direction of Dr. E. N. Boettcher, St. Joseph's Hospital, Victoria, presented a broad-spectrum series of meetings around the theme "Setting our sights on the sixties". During the 3½ day meeting which involved not only trustees and administrators but also pharmacists, nurses, medical record librarians, and women's auxiliaries, the focus of attention was on the trends and challenges facing government, hospitals, and the medical profession in this first full decade of national hospital insurance.

On Tuesday, September 6th the various delegates from the four western provinces were welcomed to the 1960 Institute by H. R. Slade, President of the B.C. Hospitals' Association. Greetings were offered to the assembly by the Mayor of Vancouver, T. Alsbury, the President of the Canadian Hospital Association, S. W. Martin, as well as by The Hon. Eric Martin,

Left to right J. S. McGraw, Chilliwack General Hospital chatting with Herman Crewson, executive secretary of the Manitoba Hospitals Association and L. F. C. Kirby of the Royal Columbian Hospital, New Westminster.

Left to right Dr. E. N. Boettcher, St. Joseph's Hospital, Victoria, B.C., who was program director of the Institute; Dr. Vergil Slee, of Ann Arbor, Mich. (P.A.S.); and Dr. John Balfour who is chairman of the hospitals committee, B.C. division of the Canadian Medical Association.

Minister of Health Services and Hospital Insurance for the province of British Columbia.

"Be Positive and Progressive"

The opening address was given by The Hon. J. Waldo Monteith, Minister of National Health and Welfare. In his review of the present situation in hospitals as well as his considerations for the future activities in the field, the Minister urged trustees and administrators to be positive and progressive in the leadership they give to Canadian hospitals. Mention was made of outpatient care and the federal interest in this sphere when it was made universally available in any province. He recognized the importance of the relationship between outpatient services and inpatient care, which should involve, among other things, more effective disease prevention, treatment, rehabilitation, as well as teaching and research.

The Minister once again reviewed some aspects of chronic or long-term care and rehabilitation. In regard to these he recognized the shortage of chronic care facilities and the problems created by shortages of trained personnel. In looking ahead the Minister prophesied that during the next decade "the hospital business will be one of the most interesting, dynamic and exciting fields of endeavour." It was suggested that critical self-examination by hospitals themselves would ensure the most effective use of hospital facilities and services.

In closing, the Minister offered this advice; "in setting your sights on the sixties, set them high. Certainly, be wise and practical in your planning but do not underestimate your potential. Canada is going places in the next decade and Canadian hospitals should see to it that they are not simply along for the ride. Rather, they should place themselves in the very forefront of what will surely be the greatest period of progress and advancement in our history."

Economics of Patient Care

To focus attention on the convention theme a symposium on the economics of patient care was presented by four speakers, followed by a very active general discussion. The first speaker was Dr. L. B. Jack who outlined the economic trends affecting hospitals. One of the points presented here was the need to become even more aware that hospitals are not an isolated economic entity but rather they reflect the economy of their own areas as well as that of the country as a whole. Medical factors affecting costs were discussed by Dr. Conrad McKenzie. He emphasized the increasing need for even greater teamwork between hospital administration and the medical profession in order to arrive at realistic levels of patient care. To consider yet another facet, Mr. S. W. Martin, spoke on implications of rising costs for hospitals and pointed out that the existing "partnership" between hospitals and government must be synonymous with "responsibility". It was also pointed out that effective leadership must be a real goal which would ensure that the purpose of a hospital does not become secondary to organizational considerations.

The effect of economic trends on the individual hospital was discussed by G. B. Rosenfeld of Victoria Hospital, Winnipeg. In a very positive and persuasive manner the speaker urged that administration is charged with responsibility of management and that it must evaluate cause and effect in relationship to the economic times we live in. Individual hospital boards and their administrators, he said, must at all times recognize the need for efficient management if they wish to retain the rights which have, by tradition, been theirs.

Standards of Patient Care

One of the outstanding sessions concerned itself with measuring standards of patient care and involved a presentation by W. I. Taylor, executive director of the Canadian Council on Accreditation. In addition, Vergil Slee of the Commission on Professional Activities, Ann Arbor Michigan, used slides to demonstrate the wide use that could be made of the Professional Activity Study by both hospitals and medical staffs. Following these two main speakers, three discussion groups were formed. Dr. J. Balfour, chairman of the hospitals committee, B.C. Division of the Canadian Medical Association, led an active session on the benefits of P.A.S. This was attended by a large number of chiefs of staff from various hospitals and Dr. Slee answered many questions. These particular sessions were of great value as they give rise to questions which made each delegate aware of the need to use

Sister Mary, administrator, St. Joseph's Hospital, Barrhead, Alta., in conversation with Donald M. Cox, deputy minister, Hospital Insurance Service for B.C.

Past president of the B.C. Hospital Association, H. R. Slade of Powell River at the left, while Willard Ireland, provincial archivist for B.C., is speaking.

D. W. Simmons, Royal Columbian Hospital, New Westminster shares a joke with Eric Martin, Minister of Health in B.C.

Part of the head table at the banquet.

Characteristic of B.C.

and upgrade the standards now being applied in hospitals.

Nursing

While the main program of the institute was being presented in the auditorium, there were a number of other activities being carried on in conjunction with the institute. In particular, the Registered Nurses' Association of British Columbia and the School of Nursing of the University of British Columbia held an institute entitled, "Just Plain Nursing". Edna Rossiter, President of the Registered Nurses' Association of British Columbia, welcomed those attending this sectional program and introduced the keynote speaker, Hazel Keeler, Director, School of Nursing, University of Saskatchewan. During the two-day session on Tuesday and Wednesday, the nurses participated in a panel discussion on "The Rôle of the Nurse in Rehabilitation". Doctors Eric Lehman and Ross Robertson, with Elizabeth McCann and Margaret Smith were the speakers on this panel. As this institute was focussed on rehabilitation, other papers were given on such topics as "Care of the Stroke Patient", "Teaching and Use of Breathing Exercises", "Self Help Devices", and "Helping Patients Achieve Independence".

On Wednesday afternoon, the registrants for the Nursing Institute joined with those from the Western Canada program to hear the panel presentation on "Trends in Nursing Care".

Sisters attended in large numbers.

Hospital Auxiliaries Division

Delegates from all sections of B.C. gathered for a two-day annual meeting on Wednesday and Thursday, September 7th and 8th, at the Queen Elizabeth Theatre in Vancouver, B.C. Mrs. A. J. Tripp, President of the Auxiliaries Division, B.C.H.A., welcomed the delegates to participation in a very full program of business meetings and panel discussions. One of the special features at this gathering was a number of display tables arranged by various auxiliaries. This particular project gave information on novel ideas for gift shops and bazaars, which groups within the division had found successful. Not only did this division participate in some sections of the Western Canada Institute, but they also toured the Vancouver General hospital and had a tea at the Capilano Golf Club.

Hospital Pharmacists

The B.C. branch, Canadian Society of Hospital Pharmacists met on Thursday, September 8th, and participated, jointly, in some of the programs of the Western Canada Institute. Of particular interest to those pharmacists attending the one-day session was a talk by Philip Austin, head of the Hospital and Nursing Home Section, Washington State Department of Health, on "Hospital Standards". This was followed by a discussion on "Economy in Hospital Pharmacy", by J. L. Summers,

o the University Hospital, Saskatoon. Excellent, also, was a section on "Purchasing Practice in the Sixties—in the pharmacy department; and in the dietary department."

Fun, too

In an attempt to mix both pleasure and business, a novel approach was planned for one evening. The exhibits remained open until 8 o'clock and an old-fashioned box supper was served. This delegates had time to discuss their various equipment problems with the exhibitors at leisure. Later they enjoyed a play "The Heavy Heart" presented in the main auditorium by the White Rock Players. On another evening the government of British Columbia sponsored a dinner to which all delegates were invited. The speaker was Willard Ireland, provincial archivist.

Summing Up

Unfortunately it is not possible to report in detail the many informative and thought-provoking papers that were presented at the 15th institute before this issue of the journal goes to press. However, a number of these presentations will be published in forthcoming months. Among them will be a series relating to trends in nursing care, in nursing education, and nurse staffing patterns. These papers were given by Helen Mussallem, Canadian Nurses' Association; E. McCann, U.B.C. School of Nursing; and Kathleen Ruane, of the Canadian Hospital Association.

Each day of the institute focussed attention on the trends and challenges facing hospitals, medicine, and governments in the operation of national hospital insurance. The final and possibly the most difficult subject was kept for the last session. At this time Rev. H. L. Bertrand, S.J., of the Comité des Hôpitaux du Québec; Dr. J. C. Johnson, Calgary General Hospital; and Stanley W. Martin, president of the C.H.A., gave serious consideration to "setting standards in the sixties." Three major questions were asked: Who sets standards? How are they maintained? What is being done in Canada? Arising out of these came a positive premise stating that if hospitals are to maintain their autonomy they must, working in conjunction with medicine and governments, begin now to determine the most effective methods of hospital organization in order to ensure the best possible care for patients.

In this regard, Father Bertrand suggested to the assembly: "Let us correct our evils, governmental or hospital; and let us co-operate fully at all times with our national and provincial health plans, proving in this matter that we are worthy of the autonomy we so ardently desire, and are capable, as we should be, of setting our own standards of hospital care." The institute is over and those who attended will not fail to grasp the opportunities for positive action which face us in "setting our sights on the sixties." ■

Aerial view of a number of supply house exhibits.

Women's auxiliary division of the B.C.H.A. were in business—selling dogwood pins during institute sessions.

Left to right Stanley W. Martin, executive secretary-treasurer, Ontario Hospital Association and president of the Canadian Hospital Association; Rev. Hector L. Bertrand S. J., executive director, Comité des Hôpitaux du Québec; and Judge Milton George of Morden, Man. Who is camera shy?

B.C.H.A. Annual Meeting

L.L.W.

THE 43rd Annual Convention of the British Columbia Hospitals' Association was held following the close of the Western Canada Institute in Vancouver, September 9 and 10. Divisional business meetings were held by trustees, administrators, and the private hospitals section, as well as the auxiliaries, prior to the general meeting which was chaired by H. R. Slade, President of the B.C. Hospitals' Association. The remainder of the afternoon was devoted to reports from the president and many of the committees of the association, including education, accounting, forms, and group purchasing, as well as medical insurance coverage.

Coffee break.

During the Saturday morning session of the convention, a variety of topics were discussed, including hospital medical relationships, labour negotiations, and association purchasing. Considerable time was given to a very ful discussion on association consulting services.

The new officers of the B.C Hospitals' Association for 1960-6 are: *Past President*, H. R. Slade Powell River; *President*, D. A Thompson of Vancouver; *Firs Vice-President*, Dr. E. N. Boett cher, Victoria; and *Second Vice President*, W. E. McNaughton o Nelson.

Resolutions

This summary of the resolution passed by the 43rd annual con vention of the B.C. Hospitals' Asso ciation does not include those pertaining to the by-laws, nor those directly relating to the internal operation of the association.

It was resolved that the B.C. Hospitals' Association recommend, for the consideration of the Minister of Health Services and Hospital Insurance, the development of a separate statute to assist the formation of hospital improvement districts.

Another resolution urged that all member hospitals of the association include eligible employees in the medical insurance program, and that the Minister of Health Services and Hospital Insurance be pressed for the acceptance of such costs.

A third resolution accepted the Canadian Hospital Association assessment of $1.00 per bed, and established B.C.H.A. dues at $4.00 per bed, with private hospitals represented paying dues of $1.00 per bed, and the C.H.A. assessment 50 cents. All other institutional members of the association pay 75 cents per bed, of which the C.H.A. assessment is 25 cents per bed.

One of the major resolutions presented to the convention was that from the executive concerning purchasing services by the association, and this comprises essentially, the articles of incorporation of group purchasing by the B.C. Hospitals' Association. Copies of the articles of incorporation are available to any hospital association desiring this information.

The final resolution related to "remote area cost-of-living bonus", and was meant to serve as a guide to assist the provincial bargaining committee. ■

Budgets *boon or bane?*

William A. Bradshaw, C.A.,
Toronto, Ont.

EVERY organization must operate within certain financial limitations. The objective of hospital management is to provide a high quality of patient care which is consistent with the economics and needs of the community. Proper patient care cannot be sacrificed on the altar of cost reduction. This does not mean, however, that trustees, administrators, and comptrollers do not have an obligation to themselves and to society to ensure proper cost control. The time to study this problem of cost control is prior to the issuing of a purchase order and before the additional personnel are hired. Two principles can be kept in mind:

1. Consider each cost element in relationship to its short range and long range contribution to better patient care.

2. Consider the relative contribution of every cost element in relation to every other cost element and in relation to total costs.

Hospital costs have increased very quickly in the past few years and will doubtless go higher. Improvements in medical care which are reflected in improved health in our communities are largely responsible for these higher costs. The largest increase has occurred in the various professional and technical service departments. Is it not possible that these rapidly rising costs could threaten the maintenance of the professional standards which you have worked so hard to achieve? Efficiency and economy are not bad words nor are they incompatible with high professional standards.

The patient's bill in Canada is still being paid by the patient. We, the taxpayers, are paying the bills and we, the taxpayers, are getting the benefits. Higher costs mean higher taxes. Every level of management must realize the importance of costs and must have demonstrated the effects of their decisions on these costs. An overall system of budgetary control is the best known answer to this vital problem.

What Is a Budget

Two budgets may look alike but be as different as life and death. The living budget is prepared well in advance of the period to which it relates. It represents the best thinking of the whole management team. When it is approved by the board it is the master plan which has the support of all concerned. It is an integral part of the human side of management. It provides control, but equally important it provides freedom. It provides the basis for co-operation, co-ordination and communication. It gives each department head an understanding of the other man's problems. It is based on the premise that in the long run people will do what they want to do, not what they are forced to do.

Little need be said about the budget prepared by the accountant, without consultation or study, to satisfy some legal requirements. It is at its best a good forecast of the year's operations, but if it is not prepared until after the beginning of the budget period, its stature is still further reduced. If the director of nursing or the manager of the laundry department does not participate in the preparation of budgets covering expenses which they can control and do not receive monthly reports comparing budgets with actual experience, little or no benefit can be expected from the budget.

It is not difficult to find examples of dead budgets in industry. They may look excellent on paper, but you find that management does not understand them and does not want to understand them.

It has been said that there are three kinds of bosses in the world: the few who make things happen, the many who watch things happen and the majority who have no idea what happened. Perhaps the same line of reasoning applies to us in relation to our personal finances. Those of us who have personal budgets and make use of them probably get the most satisfaction from our disposable income. Some of us do not budget but keep track of our disbursements so that we at least know where the money went and can make vague New Year resolutions. Many of us, however, are in the sad position where all we can say is "My goodness—what happened — where did all my money go?" The living budget gives the hospital trustees and administrator some assurance that they are providing the best possible service with the funds they have available to them.

Department Budget

Each department manager should receive prior years' costs and statistics and make the original estimates of expenses which are controllable by him. The two main classes of expenses which concern him are payroll and supplies. He must forecast the number of people he will require and the rates of pay for each. Supplies used in the past can provide a guide in budgeting, but changes in policies, changes in equipment and changes in prices must be considered.

Plenty of time should be allowed for this work so that the estimates can be carefully studied and the various alternatives weighed. It is, of course, essential that the budget be completed and approved before the budget period so that it can be used for control purposes.

Each month the department manager receives a report comparing actual experience with the budget for the expenses which he can control. Herein lies the basis for control as the variances

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The author is with the Toronto office of Hudson, McMackin and Company. From a paper presented at the Finance Institute held by the Maritime Hospital Association in November, 1959.

are analysed and studied. The monthly report should be clear and simple and contain only the information essential to the person to whom it is directed. Accuracy is important, but an overemphasis on accuracy which results in undue delay should be avoided. Trends and relationships are most important to show where the department has been and where it is headed.

A written report may accompany the monthly statement. This report, which would be prepared in the comptroller's department, should provide information to help the recipient and should under no circumstances censure anyone. It will naturally concentrate on the variations from budget and should attempt to bring out the fundamental facts over which the department head may or may not have control.

The difference between fixed and variable expenses should be kept in mind. An analysis based on a flexible budget recognizes the effect of volume on costs. The flexible budget gives the department head a feeling of responsibility for the efficiency of his department at any level of activity. A flexible budget gets away from the idea that a budget places absolute limits on expenditures. If it will assist the hospital management make really searching investigations to reveal the causes of variations from budget, it is well worth the extra effort.

Budgeting is still the best way to give the department manager full insight into the financial aspects of his actions. Careful consideration of all factors including costs, before action, is essential if the financial health of the hospital is to be assured.

Understanding and Co-Operation

Staff education is a continuous process, but is one that can pay big dividends. Sharing information with doctors and all levels of management can arouse a keen appreciation of the financial aspects of patient care. The comptroller can wage a one-man war against high cost or he can recruit a strong army of supporters from among all levels of management. There are many areas in which all employees can be taken into management's confidence without disclosing classified information. How then does the budget increase understanding and co-operation in the hospital?

In the first place, when each department manager is preparing his estimates, he studies prior years' results and discusses the year ahead with people both inside and outside his own department. His estimates are reviewed by the comptroller and/or the budget committee and more discussions may be followed by meetings of several department managers to thrash out the interrelationships of one department's activities with another. It may be found for example that an increase in the cost of housekeeping and sanitation on the one hand will reduce the cost of antibiotics on the other.

Through meetings and discussions, all levels of management gain a better understanding of the factors which determine costs. The comptroller is more than a scorekeeper. He must analyse and interpret the figures which he develops. His statements both raise questions and answer questions. In order to find all the answers to the questions raised by a comparison of budget with actual experience, it is necessary to have more meetings and discussions. It is clear that the comptroller who is familiar with the nerve banks as well as the overdraft banks, mechanical kidneys as well as mechanical posting machines and units of pain and suffering reduced as well as units of laundry processed, is in a position to exercise intelligent control.

"The administrator must be freed from small decisions if he is to have time for the big decisions".

Through the preparation and administration of a budget, the comptroller has a unique opportunity to broaden his knowledge of other departments' problems and has an opportunity as well of informing these other departments of the over-all objectives of the hospital and his own requirements. Budgeting involves a study of alternatives. Everything is questioned at the planning stage before commitments are made. The final budget is certainly a co-operative plan produced as a result of the best thinking of the whole organization. Preparing a budget in this way requires considerable time and effort at all levels of management, but it is the sweat and tears of working together that produces the understanding and co-operation so important in any organization.

Motivation

The three methods of motivation are inspiration, irritation and punishment. Motivation brought about by irritation is short lived, while motivation brought about through punishment is based on fear and soon degenerates the whole organization.

Management is not the direction of things but rather the development of people (creed of the American Management Association). When plans have been made, management must organize the hospital and communicate the plans in such a way that they will be carried out. If the plans are to be carried out, the individuals in the organization must identify their self-interest with the interests of the group. Leaders must be found who will give direction, provide assistance and set inspiring examples for their subordinates to follow.

The budget provides a means of control without coercion. The budget provides a media through which management can understand, communicate with and inspire people.

Planning and Control

A plan represents the link between an objective and its achievement. Planning and decision-making are one and the same. When the trustees approve the annual budget they are making a decision to accept the master plan for the year to come. It is within this master plan that the administrator and the comptroller and the department managers have authority to make the decisions which will bring about the eventual realization of the objectives and goals set out in the master plan. The master plan or budget must be based on the assumption that the hospital has a clearly defined organization which delegates the decision-making to the proper levels of management. Every executive and employee is making decisions daily which affect the efficiency and reputation of the hospital. Budgetary control means that the effects of these decisions, as reflected in the internal reports to management, can be compared with the plan and variations studied and reviewed. This review in turn provides the basis for future decisions.

Control involves the determin-

(continued on page 168)

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Well Chosen Meals

lead to proper growth

Elizabeth Chant Robinson,
M.D., Ph.D.
Toronto, Ont.

WHEN adolescents are growing quickly, and as a matter of fact for a year or so preceding this, they naturally need extra generous amounts of the best kinds of foods, such as milk, cheese, meat, fish, eggs, vegetables and fruits, especially the citrus ones or their juices. They need these materials for making new bone, muscle and other organs. As you know they need extra generous amounts of the vitamins and minerals, which they can get in sufficient amounts in quite ordinary foods with the possible exception of vitamin D.

If you look up the *Canadian Dietary Standard* or the *American Recommended Dietary Allowances*, you will find that the kind of meals recommended for a girl from 13 to 15 years old are very similar to those recommended for a woman in the last half of pregnancy. They are just a little higher in calories but they are considerably higher in protein, calcium and iron—or in other words in milk, cheese, meat, eggs, whole grain products, vegetables and fruits — than those advised for an ordinary woman or a younger girl. They both need some extra vitamin D, except in the summer time. Many people know that a pregnant woman should eat more of the best kinds of foods, but a great many do not seem to realize that the teen-age girl needs them too. Often she herself seems quite oblivious of this. In fact she often eats less well just when she really ought to be eating better. Because he is so active and because his growth is so rapid, the teen-age boy needs even more calories and more of the best kinds of food. The best meals for him are like those recommended for a mother who is breast feeding her baby, when her food needs reach her all-time peak.

The Toronto Nutrition Committee is a group of some 20 people, well qualified in nutrition education and research, which has been meeting for about ten years.

Survey of Pupils

About four years ago this Committee, of which I am a member, carried out, with the assistance of the teachers and public health nurses, a one-day survey on all the grade 8 pupils in our Toronto public schools. It was quite a simple kind of survey. All we did was to ask each pupil to record on a mimeographed sheet all he ate both at and between meals in the next 24 hours, in ordinary household measures such as cups, slices and so on. A few may have put down a food they did not eat, but they knew they should have eaten, and a few may have forgotten to put down something they did eat. However, as there were a little over 4,400 of them, a few inaccuracies here and there would more or less cancel each other out. Many longer and more extensive teen-age surveys have been conducted both here and in the United States. They have all yielded similar results, so I will tell you about ours. We used Canada's food rules in scoring our records, according to a previously arranged plan, so that it would be consistent throughout. We calculated the averages for the city as a whole, but we also calculated them for each school. We found that a little over half of these youngsters were taking less than the recommended amount of milk, which, as you know, is a pint and a half per day. In scoring their milk, we counted in what they took on cereals and in puddings, soup, ice cream, casserole dishes and in cheese. We took one ounce of cheddar or processed cheddar cheese as equivalent to seven ounces of milk. Consequently half the youngsters were receiving less calcium than is recommended. About one third had no citrus fruits or tomatoes or their juices, or vitamin-ized apple juice or cabbage salad, all of which we accepted as alternatives. In other words they were getting less vitamin C than is desirable. Incidentally the survey was carried out in February, but all these foods were readily available. A little over 40 per cent ate no yellow or green vegetables or tomatoes, which meant that the

(continued on page 79)

Food Service

sponsored by the

Canadian Dietetic Association

Dr. Robertson is an associate of the department of Paediatrics at the University of Toronto and research associate at the Hospital for Sick Children, Toronto, Ont.

From a paper presented at the eleventh biennial convention of the Canadian Home Economics Association held at Edmonton, Alta., in July, 1960. This paper is also being published in the C.H.E.A. Journal and appears here with their permission.

**For references see page 179.*

Well Chosen Meals

(continued from page 72)

Vitamin A value of their meals was rather low. Half of them did not have an egg which of course adds protein, iron and several of the vitamins and 70 per cent of them had no vitamin D. We did not separate out the girls' records from the boys', but in many other surveys this has been done and the girls' records have always been much the poorer. In fact the teen-age girl usually ate the poorest meals in the family. Why is this?

One strongly detrimental influence is the girl's fear of becoming too fat and, of course, that should not happen either. As a matter of fact they often want to be too thin and that means a constant struggle. One thing I would urge on you is to encourage plenty of vigorous exercise and activity—especially in games out of doors as that does help to keep their weights down, improves their appetites and so encourages them to eat enough of what we hope is the right kind of food. It would be wonderful if curves came back instead of the straight up and down lines.

Actually there are a few hints that this may be on the way. Because of their horror of fatness the girls are apt to give up milk—they think it is fattening. This is almost tragic, because it is our main source of calcium and riboflavin and it also adds good amounts of excellent protein. All of these nutrients are especially important in the teen-agers' meals. Skim milk is the answer here — it contains just as much of all these important substances as whole milk but it has just half the calories. In fact ounce for ounce it is lower in calories than soft drinks and usually very little higher than tea or coffee with cream and sugar. Do they serve skim milk in your cafeteria? Do you drink it yourself? We adults have to remember that our examples have a potent effect on these adolescents especially the examples of people they admire such as their home economics and physical education teachers. Incidentally, as you know, dried skim milk is just as nutritious as the pasteurized type and much cheaper.

The girls' second objection to milk it that it is a baby or young child's food. Their mothers don't drink it—so why should they? Incidentally I was at a weekend conference of teachers a month or so ago and they served coffee as the beverage at every meal. I did ask for milk a couple of times, but I had to content myself with whole milk. It is true that an outside caterer was providing the food, so I suppose it is not fair to lay any blame on the teachers, but it is true that at least ½ a pint of skim milk each day is a wonderful addition to adult meals. The third teen-age argument against milk is that it is not suitable for snacks or dates. Snacks are important in her life. She often likes to drop in at a restaurant on the way home from school to talk to her pals. It is a harmless enough amusement but, because she needs so much of the best kind of food and not too many calories, there is not much room in her menu for empty calories like soft drinks, potato chips and candies. Dispensers of apples, orange juice, sandwiches and peanuts are available. Would they not be worth encouraging instead of the soft-drink ones? Could your senior classes develop some milk shakes of skim milk flavoured with a little coffee, if that would make them more acceptable and more of

a rival to the popular carbonated drinks? Could you serve them at the school parties instead of, say, three soft drinks during the evening? I can see that it would be considerably more difficult, but you could probably work it out, if you have refrigerators in the school.

The third poor teen-age habit is breakfast skipping. When they do that, they usually end up short on something important in the rest of the day.[1*] If they just take toast and coffee for breakfast they have about one chance in five of eating really good meals.[2] These are not just guesses, they are based on actual surveys. Appetites do vary at breakfast but eating a good breakfast is largely a matter of habit and planning. Breakfast is a good time to take your high vitamin C food. It is also a great advantage to eat foods that provide good amounts of proteins, such as milk, eggs or cheese.[3] In fact it is important to eat good animal proteins at every meal. They keep you from feeling hungry again too soon. A sweet, starchy meal does not last, and you are apt to snack in a few hours, if you can, and too much snacking does often lead to obesity. Also tests[4] have shown that if you do not eat breakfast or take only coffee, you can not do as much physical work during the morning as you could if you ate a good breakfast. After missing breakfast or eating a scanty one your reaction time is usually slower too and your hand trembles more when you try to do fine work. Besides you commonly feel tired and have trouble concentrating as the morning wears on. Like the rest of us, teen-agers are fond of meat, but often it is concentrated in one meal and their breakfasts and lunches may have little or no animal protein in them. If only cereal or vegetable proteins are eaten in a meal, they cannot be used for body building and repair which is their important work[5]. So plan to include at least some milk, cheese, eggs, meat, poultry or fish in each meal and this is of special value to the adolescent.

How Harmful?

As you might expect, this is hard to prove, as there are so many other factors involved, but there are marked indications that they do. If you take an x-ray of a long bone, say in the thigh or shin of an adolescent girl, you will often find that it is less dense, or less well calcified than the same bone in a younger child[6]. The experts used to think that this was a normal or physiological state of affairs but it is more likely that the teen-ager's bones are relatively deficient in calcium because she has not been eating enough calcium in the form of milk or cheese to meet the high calcium needs of her rapidly growing bones. She is probably short of vitamin D in the colder seven to nine months of the year too and this lack usually reduces her ability to use her food calcium efficiently[7].

Tuberculosis is fortunately becoming less prevalent in Canada, although we have no reason to be complacent about it as yet. The figures for first admissions to tuberculosis sanatoria in Canada are interesting. The last complete figures that we have are for 1958. You will notice that the first real jump in admissions occurs between the ages of 15 and 19 years. Almost twice as many 15 to 19 year olds are admitted as 10 to 14 year olds. The number climbs a little higher between 20 to 24 years, where it

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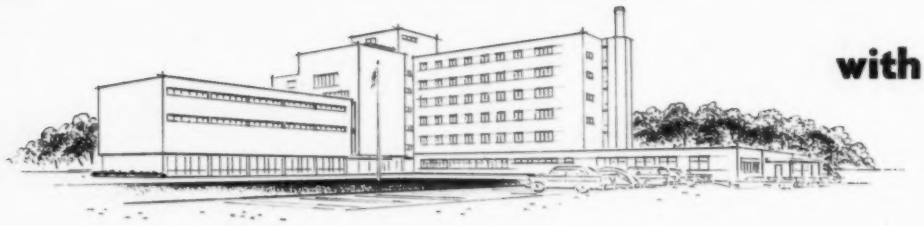
Welland County General Hospita

with LIGHTING an TER



Architects: Agnew, Ludlow & Scott, Toronto
Consultants: Agnew, Peckham & Associates, Toronto
Contractors: Robertson-Yates, Ltd., Hamilton
Hospital Superintendent: C. W. Hill

Effective hospital layout doesn't just happen. It results only from infinite attention to detail and knowledge of how hospitals work and what makes them work best.

The excellent results in this hospital were obtained through the close co-operation of Agnew, Peckham & Associates, Hospital Consultants, Mr. Herbert Agnew, Architect, and the staff of Stevens-Castle working in close co-operation with the staff and the Superintendent of Welland County General Hospital.

The new Welland County General Hospital is a good example. On-the-spot Stevens field men sat down early with Architects, and Consultants, worked out preliminary plans, then contacted Castle's experienced Planning Department for further recommendations.

Result is a smooth work-flow pattern within Welland's sterilizing areas which makes work go more quickly and easily. Stevens-Castle planned jobs have a way of doing that!

This battery of Castle Sterilizers services the major part of Welland's sterile needs, augmented by individual High-Speed Instrument Sterilizers in the hospital's sub-sterilizing rooms. Automatic controls were recommended on all units to reduce chance of error, speed processing, and release nursing personnel for other duties.

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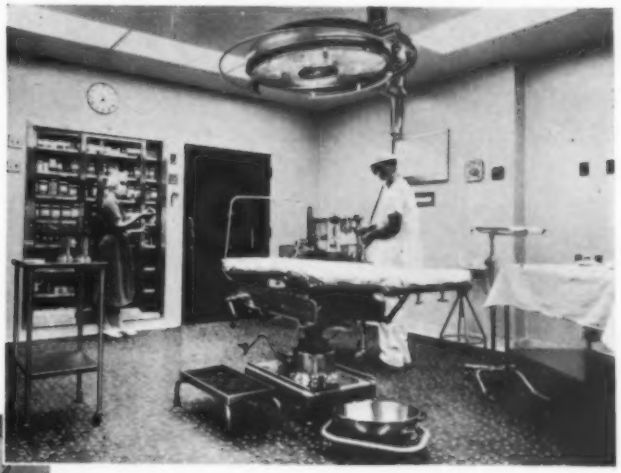
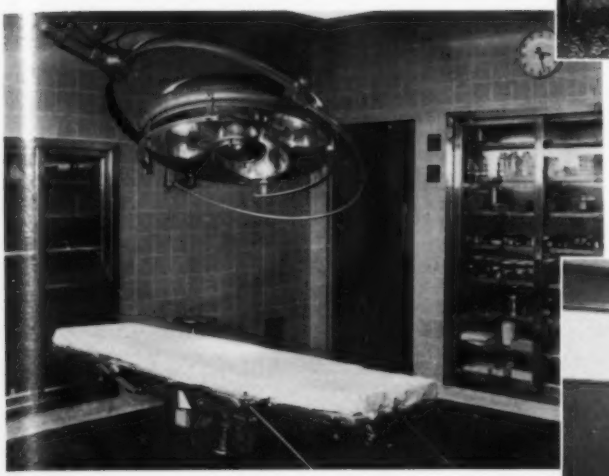
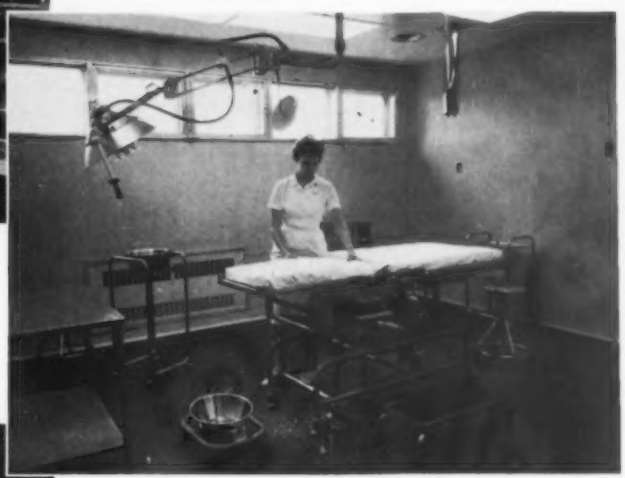


Major surgeries at Welland are equipped with Castle "60 Series" Lights. Their dual offset mounting, without tracks or counterweights, allows Welland lights to rotate to any position around table, and to descend vertically for horizontal angulation.



Each of four multi-step reflectors projects 28 beams of light—each entering the cavity at a different angle. Interference from the surgical team produces no appreciable shadow. Built-in center spotlight gives Welland's surgeons extra power in deep cavity work.



Minor Surgeries and OB Rooms at Welland, like the one shown above, are equipped with Castle ceiling-mounted, explosion-proof lights. These lights are designed for completely safe use in locations where combustible anesthetic gases may be present, provide comforting safety for patients and hospital personnel alike.

Lamphead of Castle Safelight, like those in use at Welland, has all electrical components sealed safely against gas penetration.

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reaches its peak. As you probably know, the adult type of lung tuberculosis, which is the type that youngsters usually get, takes some time to develop. This increase between 15 and 19 years probably reflects the condition of the individual a year or more before. In other words it indicates that the general health of the teen-agers is not as good as we would like it to be. Another example of the high susceptibility of the adolescent to tuberculosis comes from France in the middle of the last war. Tuberculosis became much more prevalent in people of all ages there but the teen-agers were very severely affected[7].

Why are the teen-agers so susceptible? Some people suggest that they get around more and so are exposed more. Others believe, with little proof, that it is due to hormone imbalance at this time. Certainly some leading tuberculosis experts, and you will notice that they were tuberculosis experts, not nutritionists, have declared emphatically that poor eating habits coupled with overwork, which of course could mean social overactivity, are the two major factors[8].

Dr. J. A. Johnston of the Henry Ford Hospital in Detroit has studied this problem for more than twenty years[9]. He followed a large series of girls who had been intimately exposed to tuberculosis in early childhood. Quite a number of them developed active pulmonary tuberculosis in their teens. He found that almost invariably they had been eating meals largely composed of sweet, starchy and fatty foods. They were admitted to his hospital for the treatment of their tuberculous disease. At first he allowed them to choose their own meals from the hospital menu and, as you would expect, they clung to the same type of poor meals to which they were accustomed. As a matter of fact, they *grew in weight on this regime*, but when Dr. Johnston carried out tedious balance studies in which he measured chemically the amount of protein they ate and the amount they lost in their excreta each day, he found that the difference between what went in and what came out, which is the amount they were retaining in their growing bodies, was not as great as it should have been. In other words although they were growing in weight, they were apparently not building their bodies in the best way. Not only that, but their tuberculosis was not healing as he expected; in some cases it was even spreading. He then took over their meal planning himself and saw to it that they ate plenty of good protein in the form of milk, eggs, meat and so on. As a result they started storing it in their bodies and their disease began to improve. Of course other appropriate treatment was given as well.

Macy in Detroit and Stearns in Iowa City[10] have shown how important milk and vitamin D are to the teen ager, presumably for the production of excellent bones. One surprising finding was that when the girls were exposed to emotional upsets, their ability to store calcium in their bodies was cut nearly in half. As you know, many teen-agers are a bit unstable emotionally and this makes good meals even more important to them. Also Stearns found that the adolescent girls who had been eating well chosen meals had definitely less tooth decay than the ones whose meals had been poorer[6].

As for Vitamin D, it is very scarce in our ordinary foods except for salmon, sardines, tuna and herring. Nearly all brands of margarine now contain either 4,000 or 5,000 units of vitamin D per pound as well as excellent amounts of vitamin A. Two tablespoonfuls or 1 ounce of such vitamin D enriched margarine plus an egg a day would provide approximately the 400 units recommended. The adolescent boys would probably eat that much margarine or more. The girls might very well not, in which event they should receive a small amount of a palatable vitamin D preparation or possibly one containing vitamins A and D. This is the only vitamin the normal teen-ager needs to buy from a drug store. Summer butter has only about one tenth as much vitamin D as the vitamin D enriched margarine. Winter butter contains practically no vitamin D. Consequently vitamin D enriched margarine is a cheap and effective way of adding this vitamin to our meals.

Early Marriage

Unfortunately very early marriages seem to be on the increase. In 1957, the last year for which we have the complete figures, 31 per cent of the first born babies in Canada had mothers 20 years of age or younger. In these girls then, the strain of pregnancy is superimposed upon that of adolescence in rapid succession. This is hard on both the mother and her baby. In Canada our infant mortality rate is nothing to be proud of. The infant mortality rate is the number of babies that die before they reach one year of age per thousand babies born alive. There are twelve other countries with lower infant mortality rates than ours. Nearly two thirds of the babies that die, do so in the first four weeks of their lives. These early or neonatal deaths have dropped only five per cent in the last five years. During the same five years the mortality during the whole first year has decreased 14 per cent. In other words we do not seem to be doing much to reduce these very early deaths. Most of the babies that die early were weakly when they were born. They had a poor start before birth. Many experts feel that we will never materially reduce these early deaths until all mothers are well nourished when they enter pregnancy[10 11]. It is also worth noting that more than half the babies that died in their first year were suffering either from some congenital defect, or were immature. Incidentally congenital defects usually occur in the first two or three months of pregnancy. Although we have a great deal more to learn about the cause of these conditions, the nourishment of the baby before birth and the health of his mother are important factors.

Education

On the whole we are eating better meals now than we did 40 years ago—partly because we have more variety of good foods to choose from, but partly, surely, because we have been taught how to plan our meals well. Another indication that educational efforts are worthwhile is evident from the work of Dr. Charlotte Young[12] and her colleagues of Cornell Univ-

(continued on page 178)

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C.S.L.T. CERTIFICATION BOARD REPORT

The Canadian Society of Laboratory Technologists has established a Certification Board and has given that body authority to deal with all matters pertaining to the establishment of standards of qualification. To help in implementing the work of the board, the position of registrar was created and Byron F. Wood was appointed to fill it.

The Certification Board has studied the problem of reclassifying laboratory technologists into new levels of certification and their recommendations, as set forth on this page, have been accepted by the association. Registered technologists who wish to apply for reclassification may obtain appraisal forms by writing to the Canadian Society of Laboratory Technologists, 61 Victoria Avenue N., Hamilton, Ont. — *Edit.*

IN approaching the problem of reclassification the Certification Board was impressed with the need of clarifying, for the benefit of employers and members, the qualifications embodied in the present classifications as well as the necessity of providing additional classifications both higher and lower than the present R.T. (general) and R.T. Specialist. As an initial step, the Board, at its February meeting, made provision for admission to associate membership of all those engaged in medical technology in any capacity. To date, approximately 100 applications for membership of this type have been approved, and a similar number are in the process of completion and appraisal. A preliminary study of qualification of this group indicates that a considerable number could qualify for certification at various levels, and that a number of others could, by additional study, qualify for admission by examination. At the same February meeting, the Board, anticipating revised levels of certification, decided to advise the membership that appraisal forms would be available upon request for those who felt that they could qualify for reclassification. From the study of the reclassification program, the Board recommends that the present categories of registered technologists should be maintained, but that the designation of specialist should be replaced by the actual specialty in which the member is classified, i.e. R.T. (Biochemistry).

In view of the fact that at the present time Specialist Certification may be obtained by technologists without general certification, whereas others advance from general to a specialist category or have compensating higher academic qualifications, and also that certain universities and training schools are giving training in advance of that presently required for general certification, it is recommended that a level of R.T. (Advanced) should be instituted and that the aforementioned qualifications may apply as a credit towards requirements that will be established for this level of certification. The Board recommends that the minimum qualification for this level should be as follows:

1. R.T. (general) plus 5 years approved and varied experience;
2. R.T. (general) plus R.T. (specialty) plus 3 years approved and varied experience;
3. Graduation from schools or universities meeting standards predetermined by the Society who have passed the R.T. (general) examination plus 3 years approved and varied experience.

In appraising the experience necessary to attain this level of certification, credit may be given for advanced academic training.

In considering the advisability of inaugurating additional classifications, the Board considered not only the natural desire of members to attain additional status in certification following mature experience and training, but also the difficulty now being faced by hospital administrators when filling senior posts of great responsibility, in not being able to differentiate between applicants of vastly differing qualifications and experience who are presently grouped in common in the present limited classifications of registered technologists.

It is proposed therefore that an additional classification to be designated Licentiate should be established. Certification in this category would be limited to registered members. The responsibility of granting the certification of Licentiate shall rest with the Certification Board who, through panels of examiners, shall take into account the professional skill, knowledge, length of service and administrative ability of the applicant and who may require the applicant to undertake a written or oral examination or the submission of a thesis.

The Board also proposes that, as the highest degree of certification within the Society, a classification of Fellow should be instituted. Fellowships would be by election only, on application or nomination. Fellows would be elected from the following categories:

(a) from among members with superior qualifications and long experience in positions of responsibility who have made outstanding contribution to the field of medical technology, (members to be eligible for election must hold their Licentiate);

(b) from among non-members with the highest academic qualifications in related scientific field and long experience in position of responsibility immediately related to the field of medical technology.

In view of the fact that members must obtain their Licentiate before becoming eligible for election as fellows, the Board has not attempted to establish at this time the detailed qualifications required and procedures to be followed for election, but has these matters under review and will submit their recommendations to the membership at a later meeting. ■

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Healthy Hospital Associations

W. Douglas Piercey, M.D.
Toronto, Ont.

HOSPITAL associations, provincial, regional, and national have been evolving slowly in Canada for almost half a century. In point of time many provincial associations are older than either the regional groups or the national organizations. In the beginning their functions were basically educational; but over the years the function of representing member hospitals, particularly at government levels, has assumed an ever-increasing importance.

In Canada the idea of developing associations no doubt sprang from the first hand observations by administrators of the value of such organizations in the United States. The activities of the American College of Surgeons and the American Hospital Association in improving the standards of care in American hospitals had a strong influence on Canadian hospitals as well. Moreover the influence of men like the late Dr. Malcolm T. MacEachern and Dr. Ponton cannot be over-estimated.

The early strength of hospital associations in Canada can be traced to a few dedicated far-seeing administrators and trustees who recognized the need and laid the groundwork for our present associations. In the early days the provincial associations operated with a volunteer or part-time staff; and the full time secretariat is of recent origin.

New Scope

What is the purpose of the stronger association today and why is it important to see that it is healthy? In the new era in which we now find ourselves, governments, both provincial and federal, are taking a good look at hospital associations at all levels. They note that dues structures of these organizations and the educational programs sponsored by them. They see that the total of the dues is not inconsequential and that, in the aggregate, considerable time is spent by hospital staff members in attending conventions and institutes, et cetera. There is also the matter of travel cost and registration fees. It is only natural that governments should be taking an interest in these matters since so much of a hospital's operating budget now comes from public funds. Every administrator and every trustee should also be sure that he understands what is here involved.

The basic purpose of a hospital association is to enable hospitals to act collectively on problems of common concern and to carry out in co-operation activities which they cannot undertake so efficiently or economically as individual hospitals or agencies.

There are many forces in our modern society which almost compel organization for mutual action. The complex culture in which we live has, to a large extent, submerged the voice of the individual person. Because we live in a democracy and believe in this way of life, it is necessary for us to speak as a group and very often to make representations as a group.

Today, this business of representation is vital to hospitals. It is the only way in which hospitals can be given a voice at provincial and national levels. It is the only effective means by which hospitals can be heard on issues that affect them directly or indirectly. The public expects that those who have a story to tell will develop a means by which to tell it.

There are many reasons why hospitals need adequate representation—they are subjected to many pressures. There are many activities of government at provincial and federal levels which affect hospital operation. Such concern on the part of the public and government is legitimate and should be welcomed, so long as it is reasonable and enlightened.

Another factor which gives rise to the need for continuous representation is the multiplicity of professional relationships within which the hospital operates. Its personnel structure is a complex of professions, each with its own national and provincial organization, dictating standards of education, work patterns and working conditions. This professional affiliation produces loyalties between the individual and his professional group which are often stronger than those to the hospital which employs him. Then too, there are the many well organized professional societies which speak for the various medical specialities represented on the hospital's medical staff.

Many of the same factors that compel hospitals to seek associated effort also force members of the various professions to seek organized representation. Because the interests of hospitals and each of these professional associations intersect at so many points, it is necessary that hospitals maintain proper contact with those associations at provincial and national levels.

Public Relations

There is another set of relationships which relates to patients. Good public relations between hospitals, their patients and their potential patients, the general public, are vital today. Much can and must be done by the local hospital but strong provincial and national associations can be most helpful in this area.

The complex of organized relationships that confront our hospitals today cannot be handled solely by the individual hospital. Even at provincial and national levels many can only be handled with considerable difficulty. Representing is very costly in terms of money and time. Before an association can speak intelligently for its members it must know what to say. Only through the tedious process of committee action can the answers be found. It is only through general meetings, board and executive meetings and through detailed work of committees that hospital associations can determine what hospital needs are, what the membership wants, and what is the long run is in the best interest

(continued on page 146)

The author is executive director of the Canadian Hospital Association.

Announcing

the ***1961 Canadian Hospital Directory***

and introducing for the first time

the ***Hospital Purchasing Catalogue File***

which will be published as a section of the 1961 Directory.

This year all advertising in the Directory will be placed in this Catalogue File section and classified under the following broad categories:

Administrative	Food Service
Housekeeping	Laundry
Professional Supplies	Professional Equipment
Physical Therapy and X-Ray	Laboratory and Pharmacy

Building

This book will be the most important all-Canadian purchasing guide which has yet been published for hospitals.

It will offer an excellent medium in which to insert your product catalogue or sales brochures.

Attractive rates for insertion of these catalogues or brochures make this a book that should definitely figure in your 1961 advertising plans.

ADVERTISING RATES

1 page	$ 150
½ page	$ 100
¼ page	$ 55

SUPPLIED INSERTS

page size 8¾" x 12"

2 pages	$ 280
4 pages	$ 480
6 pages	$ 700
8 pages	$ 880
12 pages	$1260

The above rates are plus customs duty if the inserts are shipped to us from the U.S.A.

CIRCULATION

4,000 Copies

One copy to every hospital in Canada Plus a personally addressed copy to every hospital purchasing agent.

This gives you 100% coverage of the key purchasing influences in the hospital market.

PUBLICATION DATE

May, 1961

Closing date for advertising space reservations – March 15.

Plan now to be represented in the first edition of the combined Canadian Hospital Directory and Canadian Hospital Purchasing Catalogue File.

CANADIAN HOSPITAL ASSOCIATION

25 Imperial St. **Toronto 7, Ont.**

for trustees only

Mutual Obligations

John B. McKay
Cornwall, Ont.

SINCE hospitals began developing their modern form in the latter part of the 19th century, there have been the three elements, though not always in the same relationship to each other. These are the board, or the lay representatives of the community, the administrator or the administrative staff, and the medical staff with which can be grouped the nursing staff of the hospital.

To these, I submit that a fourth has been added, in Ontario — namely, the Ontario Hospital Services Commission.

The Board represents the community, and what it must expect from the administrator and the medical staff is the product of what the community expects from the Board. Before the advent of the Ontario Hospital plan, therefore, it was possible to produce on paper a rather neat chart which summarized relationships within the hospital for the Board's point of view.

The arrival of the Ontario Hospital Services Commission has altered the chart in many respects, and I don't think that all Board members have grasped the significance of these changes too clearly.

I feel the hospital plan has decreased the responsibility of the Board in some respects, and in other perhaps less tangible ways, it has increased it. For example, the area of financial responsibility for hospital operation has certainly been decreased. The goal is no longer necessarily that of winding up the year with a small surplus or manageable deficit, living with the restrictions, department by department, of a preordained budget. Thus it becomes primarily a burden which the administrator must bear, and the Board can do little to help.

However, I think there is a rôle which the board will have to play with increasing earnestness. This is to assure that the hospital budget is the means to an end, and not the end itself. The Board must satisfy itself that the prime function of the hospital remains precisely what it has always been, the welfare of the patient, and not simply living within one's budget.

I think the Boards will have to fight, by whatever means are at their disposal, the ivory tower complex. They will have to see that big brother in Queen's Park, surrounded by his staff of accountants, doesn't succeed in reducing hospital operation to a pat formula. It is my belief, that accountants are apt to fall into the error of missing the human values; to develop a passion for uniformity that fails to recognize hospitals as organisms which can be crippled by too much uniformity. I make no excuse for dragging in this point, because I think it colours the whole picture of modern hospital relationships.

I said earlier that what a Board must expect from its administrator and the hospital's professional staff are products of the demands which the community makes upon it. These demands might be summarized as follows:

1. To determine the policies of the institution in respect to the community needs;
2. To provide the facilities by which these needs can be met;
3. To see that the proper professional standards are maintained;
4. To provide the necessary financing and control over funds;
5. To surround the patient with every reasonable protection, thereby fulfilling a moral and legal responsibility of the Board.

It has been established in several court decisions that a Board is responsible for the welfare of the patient in its hospital, and for any acts of neglect or malpractice by its employees. Furthermore, this extends to the acts of the medical staff whom it has authorized to serve within the hospital.

Management

There was a time, not too many years ago, when most Boards took an active part in the management of the hospital. Perhaps some still do, but I doubt that it works very well. The professional administrator, trained for his job, has become an essential part of the hospital team. The Board must select an administrator whose judgment it can trust and whose capabilities it respects. Having been given this scope the administrator must exercise it with great care and judgment, both in his own best interests and those of the hospital. He must keep the Board informed, and always reserve to it the right of policy making. Furthermore, he should try to arrange matters so that policy can be made in a calm and reasoned way, with all the facts on the table.

The Board should expect the utmost frankness from the administrator and none of the attitude that what they don't know won't hurt them. I think an administrator should try to develop the practice of making regular and fairly detailed reports to the Board. These should be in writing and should cover all aspects of hospital affairs, even though this at times may mean some duplication with the reports of various committees. However, it would help to create a well-informed Board member and that is vitally important.

Medical Staff

The relations between the Board and the medical staff can become quite delicate, but if there is a strong sense of the common purpose—the best possible care of the sick and suffering—they can be strong and vital. Responsibility for building up a strong and healthy relationship rests fully as much with the medical staff as with the Board. But I think the most important factor is to have

(concluded on page 138)

The author is past president, Board of Governors, Cornwall General Hospital, Cornwall, Ont.

A practical guide to loading a bulk steam sterilizer

Automatic steam "bulk" sterilizers are truly "workhorses" in the modern hospital central supply. To a great extent these bulk sterilizers have been made foolproof by incorporating automatic time, temperature and pressure controls and various safety devices which not only assure personnel safety but monitor the sterilizing cycle so that a malfunction that causes temperature to drop below 250 degrees Fahrenheit will cause the unit to either re-cycle or cease operation. It is doubtful, however, that central supply sterilizing routine will ever become fully automated and therefore the human error will remain a possibility in the foreseeable future. The following points* outline ten of the commonest non-mechanical sources of trouble.

Ten "Do's and Don'ts"

1. *Don't* . . . let material being sterilized touch any interior surface of sterilizer chamber.

Impingement of material on chamber surfaces prevents circulation of steam to that area thus causing "hot spots". Dry heat at the "hot spot" may cause immediate damage to the chamber contents and will most certainly result in accelerated deterioration of most fabrics. In addition, recommended cycle times are based upon the assumption that the entire chamber contents are in contact with steam. Theoretically, sterility of a dry "hot spot" could not be assumed.

2. *Do* . . . provide adequate space for circulation of steam around material being sterilized.

Recommended cycle time is based upon the assumption that the entire contents of the sterilizer come in contact with steam. If no clearance is allowed between packages, steam may not reach all areas and the conditions necessary for sterilization will not exist throughout the chamber.

3. *Don't* . . . allow flasks containing liquids to touch each other. A "hot spot" can develop at the point of contact, causing the vessel to crack with consequent loss of the contents—as well as the vessel itself.

4. *Do* . . . place covered containers on their sides with covers ajar.

Steam enters the sterilizer at the rear of the chamber and rises to the top. Cold air is forced downward and forward and is gradually dispelled at the front-bottom of the chamber. Containers resting in a normal upright position can retain air pockets and thus undergo a complete cycle without being subjected to the conditions necessary for sterilization. When containers are placed on their sides with covers ajar, air is forced to "spill" out as the steam gradually fills the chamber.

5. *Don't* . . . wrap packages to tightly.

There are a number of acceptable wrapping materials that allow proper penetration of steam; however, caution must be exercised to prevent overly tight wrapping of packages. This is often done with the misguided notion of saving space. Packs for normal sterilizing cycles should be limited to a maximum of 12 x 12 x 20 inches and be packed loosely enough to facilitate passage of steam through the bundle.

6. *Do* . . . place packs so that folds are in a vertical position to facilitate penetration of steam and expulsion of air.

Each layer of fabric in a horizontally folded pack resists the downward passage of air through the pack. This is especially true if the fabric is tightly woven. Whenever possible, therefore, the pack should be placed with the folds running in a vertical position.

7. *Do* . . . wrap gloves correctly and place packages on edge with thumbs up.

Steam must penetrate to all glove surfaces. It is therefore necessary that impingement of surfaces be avoided. A layer of muslin should therefore be used between adjacent surface wherever possible, *i.e.*, in the palm and in the cuff fold. A "billfold" type cover with individual pockets for each glove should be used. After preparation it is of utmost importance that gloves be placed in the chamber correctly. Here the problem is not only one of penetration but also of effective removal of residual air from the fingers. Proper stacking will assure that air will "spill" out due to gravitation.

8. *Don't* . . . use a basin or tray with a solid bottom that will trap air when sterilizing instruments.

The desired procedure is to use a tray with a wire mesh or perforated bottom and to place a layer of muslin in the bottom of the tray.

9. *Do* . . . open or unlock all jointed instruments.

Steam must contact all surfaces as soon as possible.

10. *Don't* . . . ever oil instruments that are to undergo steam sterilization.

Even a minute amount of oil on a surface will prevent necessary steam contact. In addition, oil in joints tends to hold dirt and foreign matter. ■

Suggested by Thomas J. Carney, product application engineer, Wilmot Castle Company.

PHARMASEAL®

Stylex

from
every
vantage
point

the finest

disposable syringe

- **SAFETY**
- **ECONOMY**
- **CONVENIENCE**

Color Coding
to speed selection of
desired needle sizes.

PHARMASEAL LABORATORIES
Glendale, California

New Products and Equipment

of Interest to Hospital Buyers

Administrative

IBM Designed TV Especially for Hospitals

A new product, recently introduced in Canada by IBM, attempts to combine the entertainment of patients with the needs of the hospital.

Called IBM Hospital Television, it will provide the patient with all the benefits of his TV set at home without creating fresh problems for the nurses.

It combines five channel TV reception with closed circuit TV, radio, and a nurses' priority call system. A pillow receiver no larger than your hand makes only a low sound level which does not bother other patients, and with a flick of a button, the patient can make a call through the speaker to the nurse.

The problems of tangled wires and space consuming floor sets have been solved by suspending the TV from the ceiling. Yet, the patient can change his own channels or adjust the set without calling the nurse.

A closed circuit channel gives the hospital the opportunity to offer the patients religious services and music for relaxation.

The Transviewer has a 17 inch screen, and an illuminated indicator panel on top of the unit indicates the channel selected.

Literature available from International Business Machines Co., Limited, Don Mills Rd., Toronto 6.

How The Multitone Personal Call System Works

The Multitone Personal Call system is actually a closed radio circuit with a central transmitter and as many pocket receivers as desired, each on its own separate wave length. The message travels through a single wire attached to the transmitter and strung around the outside of the building. If there is a message to be passed on, the operator can speak directly to the person concerned.

The little pocket receivers weighing only 5½ ounces are part of a revolutionary paging system already installed in a number of Canadian hospitals and factories and being introduced into the American market by the Canadian company.

Write for additional information to Multitone of Canada Limited, 130 Merton St., Toronto 7.

Burroughs Adds Machine to Their Series

Hospitals have already discovered that Burroughs Series F Accounting Machines can process hospital accounting records rapidly, efficiently and economically. Using them, calculations, and other complicated procedures, have been performed automatically. Even the most complex record-keeping jobs have been handled with minimum effort and very little decision-making by the machine operator.

Now, a new machine—the FLOOOPA—has been added to the series. The FLOOOPA is an Alphanumeric Accounting Machine with paper tape perforator. It has all the regular accounting machine features for writing patient accounts and other hospital records and, in addition, it records all information on punched paper tapes. This information can then be processed through tabulating equipment to produce complete printed management reports for statistical analysis of the hospital's activities.

Private tabulating services offer quick, reliable tape processing service to hospitals having no tabulating equipment of their own.

Additional information is available from Burroughs Adding Machine of Canada Limited, 7[illegible]2 Bay Street, Toronto.

National Accounting Machine Has New Features

The National Cash Register Company of Canada has announced that the National "33", an improved accounting machine for hospital use, is now available for distribution in Canada.

The new machine can run up 21 totals, providing patient, insurance company and hospital with a detailed record of all charges before discharge.

Other features of the new machine include automatic clearing of all totals in sequential order; automatic "determinator" to initiate the proper posting programme; interchangeable programme bars to provide flexibility in design of forms; automatic "authenticator" to verify the accuracy of balance pick-up; selective, enforced distribution

(continued on page 98)

New Products and Equipment

Administrative

(continued from page 96)

to simplify charge and credit accounting; automatic serial numbering; debit and credit balances automatically printed in separate columns; easy error correction and an electric typewriter.

The new National "33" represents significant advances over the former standard National "32" model.

Full details from National Cash Register Co. of Canada, Limited, 222 Lansdowne Avenue, Toronto.

Building

Canadiana Flooring Available in Vinyl Tile

Unique in North America is Dominion Oilcloth & Linoleum's new "Catalogne" design in Dominion Vinyl Tile. The unusual and historic early Canadian rug has now been adapted in the most practical and modern medium—a vinyl asbestos floor tile. Design and colour have been borrowed from those originated by our old artisans and craftsmen.

Predominating colours include blue, red, brown, white, black, turquoise, with frequent intermittent primary colours.

Colour guides with tile arrangement suggestions, as well as an accompanying data sheet enabling customers to plan their own designs, are available.

Use of "Conductile" Dissipates Static Electricity

Not often, but nevertheless far too frequently, an explosion of anaesthetic gases occurs in a hospital operating room.

Research studies have shown how easily high charges of static electricity may be created by ordinary movements in the operating room. The removal of a sheet from the operating table may leave the table charged with a potential of ten thousand volts or more. The mere act of walking is one of many other causes of creating dangerous electrostatic charges.

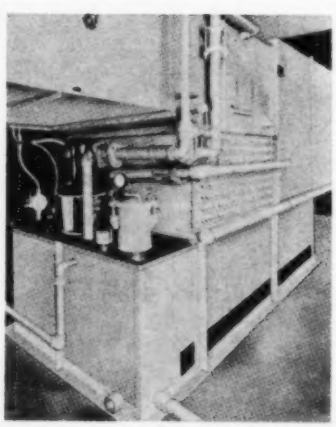
These electrostatic charges must be dissipated as they are created —before any dangerous accumulation can occur. In order to do this, an electrically conductive floor must be provided, and all equipment and personnel must have proper electrical contact with the floor. The floor itself must have a resistance of 25,000 to 1,000,000 ohms to disperse electrostatic charges effectively.

"Conductile", developed, produced, and guaranteed by Vinyl Plastics, Inc., meets all specifications and safety regulations and retains the proper conductivity range for an undetermined period of years. The makers claim that Conductile is the original conductive vinyl tile.

Canadian offices: Jerry Smith & Co., P.O. Box 302, Kitchener, Ont.

Kathabar Sterile Air Conditioning Equipment

A vital new product in the field of air conditioning has been introduced to the Canadian market under the name "Kathabar". The purpose of this unit is to provide sterile air at the proper temperature and humidity, to suit the requirements of all hospital areas.



The most significant feature of this equipment is the use of a Lithium Chloride solution spra over the cooling coil in the uni The purpose of this spray is tw fold. Firstly, it is a germicid solution which enables the unit deliver air guaranteed to be fr of a minimum of 97 per cent of bacteria. Secondly, the soluti acts as a humidifying and d humidifying agent according the needs of the season of the ye

Extensive research has prov that conventional refrigerati coils in ordinary air conditioni units in summer time are conti ually saturated with condens water from the air and act as excellent breeding ground f bacteria.

In the Kathabar unit the cooli coil remains dry insofar as co densed water is concerned, owi to the continuous bath of Lithiu Chloride solution.

Complete information on Kath bar equipment is available fro Control and Metering Limited, 30 Kipling Ave. S., Toronto 18.

Food Service

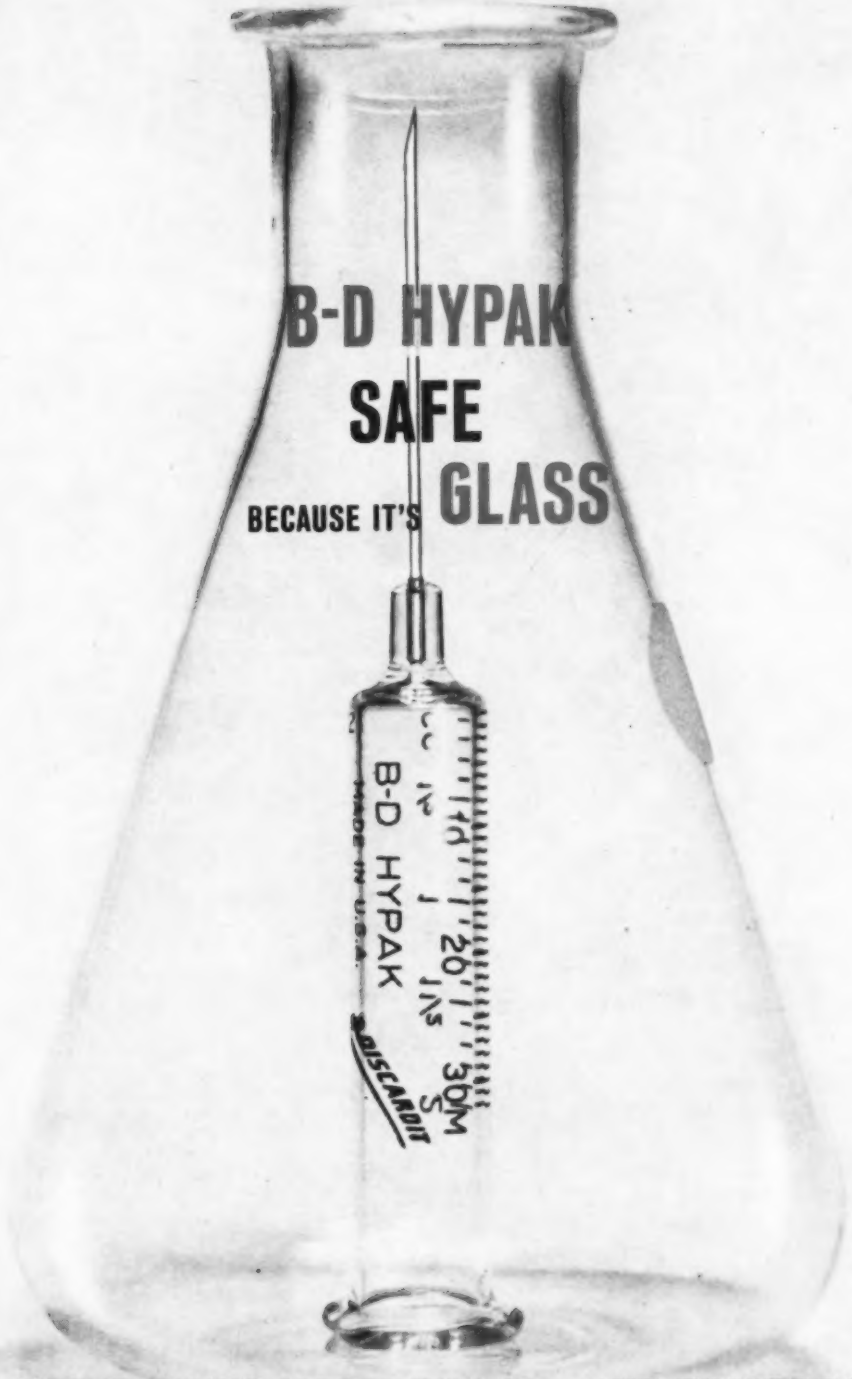
Vollrath Stainless Steel Bedside Pitcher

Every recommendation of hospital investigators for bedside carafes that will safeguard the health of patients is fully met by this, and other, Vollrath stainless steel pitchers and beverage servers.

Of deep drawn, seamless stainless steel, they can be sterilized by any approved aseptic method— steam or long-boiling—at any he or time period required. Insulat pieces will keep bedside water a juices cold for hours, reducing t need for ice, a possible contam ation. The wide bottom preve tipping. Low in design, made w wide mouth, easy cleaning in di washing machines. Holds one qua

Catalogue available from Vo rath Company, Sheboygen, Wis.

(continued on page 100)



SAFE FOR TODAY'S MEDICATIONS...AND TOMORROW'S

NO CAUTION LABEL NEEDED—Use it with **any** injectable medication...there is no danger of solvent action on the barrel. **SAFE**—B-D Control guarantees sterility, nontoxicity, non-pyrogenicity. **ECONOMICAL**—Disposability eliminates time-consuming, pre-use preparation. **PRECISE**—Exclusive tip design reduces medication loss.

B-D **BECTON, DICKINSON & CO., CANADA, LTD., TORONTO 10, ONTARIO**

B-D HYPAK, AND DISCARDIT ARE TRADEMARKS OF BECTON, DICKINSON AND COMPANY, INC. 70060

a B-D DISCARDIT product

New Products and Equipment

Food Service

(continued from page 98)

Beatty Twin Type Electric Food Warmer

The versatile twin type Beatty electric food warmer, recently introduced and illustrated herewith, is now available with either single or full size roll top hood.

Listed as model FW28-2 for counter installation, or FW28-2F as a free standing unit, the warmer contains two 12″ x 20″ x 6″ heating compartments each separately thermostat controlled. Standard food pans or inserts can be used. Flush mounting adaptors are available when round type insets are required.

The over-all size of counter model is 28″ wide x 23½″ deep x 10¼″. Floor model stands 35″ high plus 9″ for R.T. hood if installed. Rating is 2,800 watts at 230 or 208 volts.

Complete details may be obtained from James Stewart Mfg. Co., Limited, Penetanguishene, Ont.

Kraft Low Calorie Italian Liquid Dressing

A new low calorie Italian dressing produced by Kraft Foods Limited is rapidly winning acceptability across the country. Called "Kraft Italian Dressing for low calorie diets", the flavourful dressing contains only 6 calories per teaspoon.

It joins Roka and Coleslaw, newer dressings in the Kraft line, in the same size bottle to make a group of 10 in the company's liquid dressing line.

"We believe that the new Italian style low calorie dressing will become one of the leading items in the dressing field," Rod Burns, product sales manager, says. "We have found real enthusiasm for the product from consumers and fine acceptance from the trade."

Particulars regarding the complete Kraft line may be had by writing to Kraft Foods Limited, P.O. Box 6118, Montreal 2.

Bright Note in China For Table Top

Tailored and neat, Olympia, a design by Syracuse China, looks appropriate in any type of hospital. The gleaming white china conveys the impression of absolute cleanliness and sanitation. The inner rim line is crimson; the finer line, black.

Not only does Olympia look pleasingly clean, but it is easy to keep it looking that way; for the steel hard glaze and non-porous ceramic body cannot absorb foods or stains. A single cycle in a commercial dishwasher makes it spotless and sanitary, so that it is always as clean as it looks. It is extremely resistant to chipping and breaking.

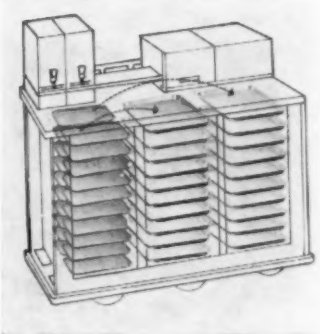
Olympia is one of several stock patterns in the Syracuse Hospitality Group, packed and ready for immediate delivery. It is made specifically for volume feeding.

For a coloured leaflet illustrating several of the Hospitality patterns, write to Syracuse China Corporation, 2900 Court Street, Syracuse, New York.

Meals-on-Wheels announces Match-a-Tray Food Loading

By employing the new Match-a-Tray concept of tray loading and assembly, developed by the Meals-on-Wheels System, diet maids can load trays in central kitchen speedily and accurately.

This is an amazingly simple concept. Hot foods are kitchen loaded on Match-a-Trays, which are approximately one-half the size of the patient-tray. The Match-a-Trays are then loaded in the hot compartment of a Meals-on-Wheels Electra. The patient-trays with all cold foods and accessories



are loaded in cold compartments. Outside the patient's door the maid places the larger tray with cold foods on work surface of the Meals-on-Wheels unit and unloads hot items onto it from the smaller Match-a-Trays.

Match-a-Trays are standard equipment on Meals-on-Wheels Electra, and are available for all other models on special order.

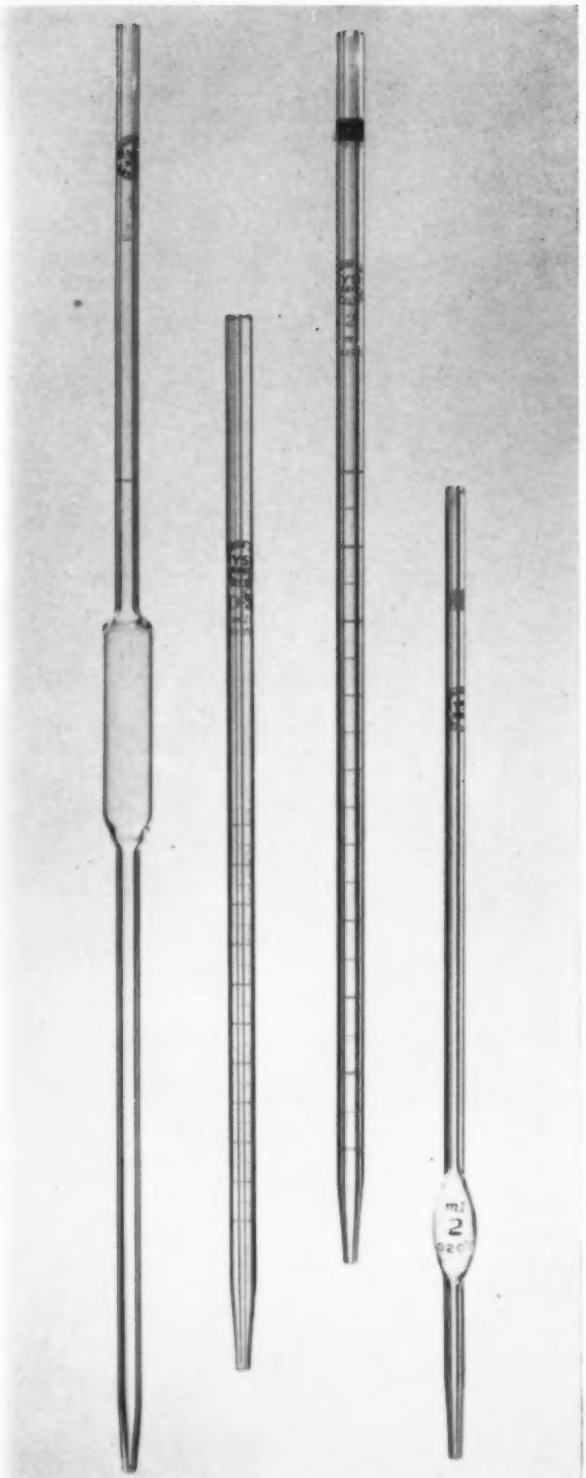
Complete information from Meals-on-Wheels, 5043 E. 59th Street, Kansas City 30, Missouri.

Housekeeping

Thomas Gibson Features New Floor Maintenance Machine

Thomas Gibson & Company Limited announce the release of a new model of the Advance "Convertamatic" high speed floor maintenance machine. The new Model, No. A21B, is a 21″ battery operated machine. Its quiet ope-

(continued on page 102)



Save on hard-glass HYSIL* pipettes

When funds are limited, one way to stretch them is with HYSIL borosilicate glassware. It can save you a great deal of hard-to-come-by laboratory funds.

You save money on HYSIL because (1) the basic prices are lower . . . as much as 28% lower on some items, and (2) the discount structure favors smaller buyers (14.5% at 10 cases; 19% at 25 cases; 23.5% at 50 cases).

You can get volumetric or transfer pipettes in capacities up to 200 ml; Mohr from 0.1 to 25 ml; Ostwald-Folin in five sizes from 0.5 to 5 ml; serological from 0.1 to 10 ml. All have acceptable tolerances for the types of service for which intended.

In view of the big savings possible, why not get a copy of the HYSIL catalog and check over the entire line. You may be able to meet most of your labware requirements and save 30% or more. Incidentally, you can combine orders for HYSIL and QUICKFIT† to obtain maximum quantity discounts. Write . . . or contact your local labware dealer.

*HYSIL is a registered trademark of James A. Jobling & Co., Ltd.
†QUICKFIT is a registered trademark of Quickfit and Quartz Ltd.

HYSIL

. . . your economy buy in hard-glass labware

CORNING GLASS WORKS
of CANADA LTD., LEASIDE, ONTARIO

New Products and Equipment

Housekeeping

(continued from page 100)

ation makes it especially adaptable for hospital use.

The new Advance "Convertamatic" is not restricted to ordinary scrubbing operations, but converts to perform all floor maintenance operations, whether wet or dry. Thus it can be used daily, sweeping and polishing, as well as for wet mopping and scrubbing.

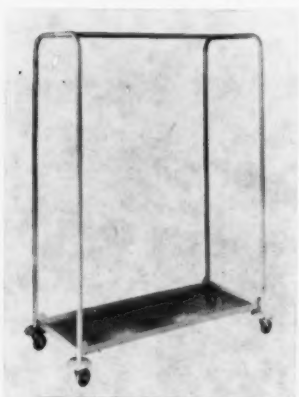
When used for wet operations, the Advance "Convertamatic" deposits the solution on the floor, scrubs, and picks up the solution by vacuum in one operation.

Special bactericidal cleaners are available for use with this machine for hospital use.

Full particulars may be obtained from Thomas Gibson & Co., Limited, 90 Crockford Blvd., Scarborough, Ont.

Colson Space Saving Garment Rack

This compact new garment rack, which is only four feet in length, ensures easy handling and storage either in trucks or on the floor, has been introduced by Colson (Canada) Ltd., 65 Manser Road, Weston, Ontario.



It comes complete with a strong bottom screen shelf for packages or luggage and to prevent soiling of garments in transit. Protective bumpers are provided at all four corners. The unit is fitted with 3" cushion tired Colsonite sintered bearing casters and is 65¼" high by 20" wide. Shipped "knocked down" for greatest economy, it is easily assembled by the user.

Dominion Bedroom Grouping By Eaton's

Long experience in the hospital field has dictated the stringent specifications of this furniture, "Contract Specified" by Eaton's. Every unit excels in convenience, appearance, ease of maintenance, and economy.

The strength of metal and the versatility and warmth of woodgrain finished plastic are utilized in purposeful furniture that fills the needs of today's hospitals.

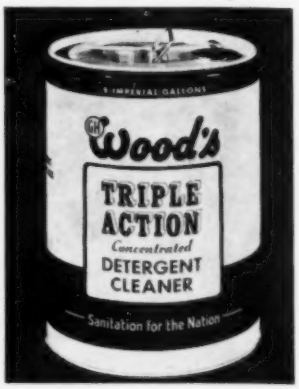
For further information, contact Eaton's Contract Sales Service, College Street, Toronto.

New Odour Killer Developed by Apsco

The Puritron is guaranteed to kill odours anywhere without exhaust fans, vents, sprays or "cover-ups" of any kind. Puritron, an electronic device, is distributed in Canada by Apsco Products (Canada) Ltd., Toronto 16. The Puritron Range Hood is especially suitable for killing odours quickly in service rooms, laboratories, toilet rooms—any place where obnoxious odours are a reoccuring problem.

Wood's Develops Detergent For Floor Cleaning and Stripping

"The most versatile and efficient heavy duty floor cleaner and stripper available." After exhaustive use testing, that's what G. H. Wood & Company Limited is claiming for a special new floor cleaning formula developed in the company laboratory. The product, Triple-Action, is a concentrated detergent which has proved unusually efficient in stripping old layers of waxes and other floor finishes and for cleaning deep seated soil from all types of floors.

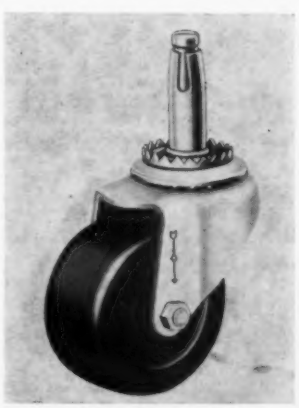


Used in diluted form, the product is also excellent for general floor cleaning and daily damp mopping.

Information on Triple-Action Concentrated Detergent Cleaner may be obtained from any branch of G. H. Wood & Company Limited.

Non-Marking, Stain-Resistant Rubber Wheels

These new Bassick wheels, it is claimed, have the first non-marking rubber tread with the physical qualities considered essential for



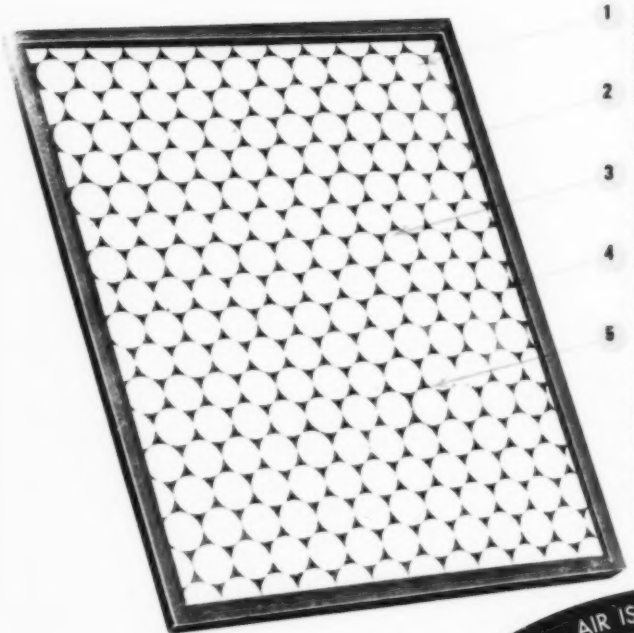
office chair and hospital casters. They incorporate the latest developments in rubber compounding, mould design, contour relationships, and manufacturing methods

(continued on page 104)

The HOSPITAL PROVEN FILTER to reduce Airborne Bacteria . . . including Staphylococcus aureus!

FRAM permachem-treated Air Filters kill 99% of germs trapped...

PLUS *FINER FILTRATION FEATURES*



1 **NEW DEPTH MAZE FILTRATION**
Scientifically blended acetate fibers provide full-depth filtration . . . give 12 to 46% longer filter life according to direct comparative tests!

2 **NEW MONO-BONDED CONSTRUCTION**
These rugged new filters have unique single unit anchor-locked frames . . . media cannot settle, vibrate, blow or soak loose.

3 **NEW DRY MEDIA**
New FRAM permachem-treated Air Filters have a media that's pleasant to handle . . . non-irritating . . . non-hazardous!

4 **NEW SURE SEAL FRAME**
The trapizoidal design of the frame with crowned edge ensures good contact with filter housing, eliminating by-pass of unfiltered air.

5 **DRY-FILTER DESIGN**
These remarkable new filters do not use oil . . . cannot clog ductwork, stain walls and ceilings!

PLUS MAXIMUM FILTERING SURFACE
New FRAM permachem-treated Air Filters have metal backing on just one side . . . give most effective filtering surface of any filter.

PLUS BIGGER CAPACITY
New FRAM permachem-treated Air Filters trap bacteria, pollen, dirt, air-borne pollution . . . and hold up to 34% more dust in direct comparative tests!

For more details of this sensational breakthrough in Air Heating and Air Cooling filtration, write to:

FRAM CANADA LIMITED
STRATFORD - ONTARIO

AIR IS KEPT HOSPITAL CLEAN
FRAM
permachem treated*
AIR FILTERS
FOR HEATING
FOR COOLING
*KILLS THE GERMS THAT BREED IN FILTERS

R-2284F

AVAILABLE IN SIZES TO FIT ALL AIR CONDITIONING AND FORCED AIR SYSTEMS

New Products and Equipment

Housekeeping

(continued from page 102)

The new wheels, developed by Bassick and Firestone, are fully equal in all respects to the former rubber wheels. The new compound provides 50 per cent longer life expectancy than the previous Bassick "Baco" wheels.

These improved wheels are now being furnished standard in all Bassick office chair and hospital bed casters.

Wheels for Canadian production are produced in Canada by Stewart-Warner Corporation of Canada Limited, Belleville, Ont.

Wyandotte Rinse Injector Saves Dishwashing Time

Designed for simplicity of operation and minimum maintenance, the Wyandotte Poreen Rinse Injector provides rapid, spot-free drying of glasses, dishes and silver by injecting a small fixed amount of Wyandotte Poreen in the final rinse line of any commercial dishwashing machine.

A proportional-type feeder, it automatically maintains the correct concentration of Poreen even if the rinse water pressure varies. It is compact, light-weight and easy to install, has no moving parts—no pump, no check-valves, no switches and no electrical connections.

Wyandotte Poreen, a highly concentrated rinse booster, is said to save dishwashing time and labour.

For additional information on Wyandotte Poreen and the Rinse Injector, write J. B. Ford Division, Wyandotte Chemicals Corp., Wyandotte, Michigan.

Modular Furniture Offers Unique Advantages

Office furniture buyers have a choice of three distinctive types of desks—wood, Formica and steel—in the new Decor line of modular furniture with matching chairs, introduced by Royal Metal Manufacturing Company Limited.

Decor makes it possible to achieve complete unity in office furnishings, yet distinguish sharply among the various levels of job responsibility within the organization. The wood, Formica and steel desk surface materials can be mixed or matched to create exactly the effect the interior designer and furniture buyer wish. Wood is available in two finishes, the Formica in four colours and the baked enamel finished steel in six colours.

With the wide choice of sizes in desk pedestals, side unit pedestals, side unit tops and book cases, Royal reports that an infinite variety of interesting and highly functional arrangements can be made with Decor.

Decor chairs are manufactured by Royal Metal Manufacturing Company Limited, Galt, Canada, while Decor desks are made by Royalite Metal Furniture Company Limited, Smiths Falls, Canada, a division of Royal Metal.

New Ice-Foe Has New Look And Great New Power

Ice-Foe, the long established ice melter to clear dangerous areas around hospitals, schools, churches, and other public places, has a brand new look and a great new power.

The new look is found in big, rugged particles of Ice-Foe for deep, long action, now added to the familiar small, round particles which are the source of Ice-Foe's famed trigger-fast speed!

The new power is found in Pen/Ax, scientifically blended into Ice-Foe for power penetration to the bottom of the ice barrier (not merely surface melting), and synergistic action for sustained, more efficient melting over the complete range of winter temperatures.

Ice-Foe is manufactured by Walton-March, P.O. Box 248, Highland Park, Ill. Canadian representatives: John T. Bentham Sales, Thornhill, Ont.

Disposable Jumbo Plastic Laundry Bag

Because it is waterproof this jumbo clear plastic laundry bag can be used for wet as well as dry articles. It is 22" x 11" x 45". Hamper frames on wheels are available to hold these bags.

Because of its strength and size, one bag may serve several purposes in turn. In lieu of closet space, it provides individual storage of patient's clothes and possessions. Its transparency makes the contents readily visible.

Seasonal woollens and blankets may be stored with protection and visibility. It may also be used to line garbage cans, eliminating the need of costly scouring.

Samples are available from Klean Kan Bag Co., 64 E. 8 St., New York 3, N.Y.

Kayo Sewer Flush Produced by Kert Company

A heavy duty drain opener, it is formulated for use in hospitals. Kayo, it is claimed, will completely eliminate obstructions from grease,

(continued on page 106)

New Products and Equipment

Housekeeping

(continued from page 104)

fats, soap, curds, matches, cloth, lint, detergent build-up, hair, sludge, grounds, vegetable matter and tree roots.

It is a complex blend of compatible ingredients, employing heat and agitation for fast and complete emulsification on obstructions.

Kayo is packed only in boxed 50 lb. pails for easy handling. It is completely dustless, free flowing and colour identified. An All-Canadian product, it is made by Kert Manufacturing Co. Limited, 135 Logan Ave., Toronto 8, Ont.

MacEachern's New Rayon Mop Head

Spun from snow-white long staple viscose rayon this revolutionary new mop head is highly absorbent and especially long wearing. Because of these features it is recommended for hospitals, institutions and heavy industrial use.

The Gordon A. MacEachern 'job-testing' team claim that this new rayon mop outwears ordinary cotton mop heads two to one and will absorb up to four times its own weight of water. To the man using a mop, it's of the utmost importance to have the right mop to do the best job in the least time.

For example, the superintendent of an office building with high grade linoleum, tile or marble floors should use a different kind of mop from the man cleaning the wooden or concrete floors of a garage.

For further information contact Gordon A. MacEachern Limited, 21 McCaul St., Toronto 2B, Ontario.

Moisture-Proof Poly Bag For Hospital Garbage Disposal

A new wet strength moisture resisting bag for waste receptacles eliminates soiling the hands, keeps the walls of receptacles clean and prevents odours in hospitals, physicians' offices and clinics. Made by the Polyethylene Bag Manufacturing Co., of Winnipeg, from "VisQueen" polyethylene film, a product of Union Carbide Canada Limited, Visking Division, the poly bag does away with the unpopular chore of wrapping medical waste materials by hand.

Fabricated from a specially formulated white opaque moisture-proof film, which does not lose its strength in the presence of moisture, the hospital white poly bag is hygienic. Whether it is used to line a receptacle, or in the OR or elsewhere, the bag's 1000-and-one uses makes it ideal for hospital garbage disposal.

Please write to the manufacturer for full data.

Hartz Introduces Safety Side For Beds

The J. F. Hartz Company Ltd. have introduced a new safety side which can be attached to existing hospital beds. The side can be easily locked into place. When not wanted it telescopes down to the side of the bed, thus allowing full clearance under the bed.

For further information write The J. F. Hartz Company Ltd., 34 Grenville St., Toronto.

Speeds Up Baby Bottle Washing

The Kidde Manufacturing Co., Inc. of Bloomfield, N.J. have announced a baby bottle washer. According to the Company, one attendant can clean and rinse 4[illegible] bottles in approximately 1 hou[illegible]. The washer fits into a standa[illegible] deep sink, and uses cold water. T[illegible] jet rinse is automatic.

For further information co[illegible]tact the Canadian distributor, B.[illegible] Hollingshead, 100 Adelaide St.[illegible], Toronto.

Colour Coding for Hospital Linens

Thermopatch Division of [illegible] Chemical Treating & Equipm[illegible]t (Canada) Ltd. have announced [illegible] new system for colour coding [illegible] hospital linens. It employs Therm[illegible]-patch Q Tape, which is a heat [illegible]-hesive coloured identification ta[illegible], that can be applied to any linen [illegible] hospital garment. According to [illegible] Company this tape will withsta[illegible] laundering and constant autocl[illegible]-ing, and can be applied in a matt[illegible] of seconds with their air operat[illegible] thermopress. The tape is availab[illegible] in white and twelve colours.

For further information wri[illegible] the Company at 282 Ontario St. W[illegible], Montreal.

Terylene Basket Liners by Hardie

These Terylene basket liners provide a simple but effective method of helping to prevent the spread of cross infection.

The liner, which has a n[illegible]n draw cord, fits into the reg[illegible]r laundry basket. The Terylene is [illegible]t susceptible to mildew and can [illegible]e put in a high temperature w[illegible]h. The use of these liners redu[illegible]s the number of laundry trucks, [illegible]s separate trucks for soiled and cl[illegible]n linen are no longer required.

Available in any size from G. [illegible]. Hardie & Co. Limited, 1093 Qu[illegible]n St. West, Toronto 3.

(continued on page 108)

a new concept in microscope performance

Leitz LABORLUX

LABORLUX 7.4.5.30-S-48/80 inclined binocular microscope, with built-in mechanical stage #48, Abbe condenser; quadruple nosepiece with achromats 3.5x, 10x, 45x and 100x oil immersion, the last two having spring-loaded mounts; paired 10x Huyghens eyepieces; $639.00

Combined binocular-monocular tube.

LABORLUX for photomicrography with LEICA.

The Leitz Laborlux medical and laboratory microscope is a scientifically engineered instrument of modern design, built for a lifetime of use. The Laborlux is a new concept in fatigue-free operation and precision performance. It combines the coarse and fine focusing adjustments in a single control; with all controls, including the actuating knob for the mechanical stage, in a low convenient position. High power lenses have spring-loaded mounts preventing damage to lenses or slides.

The Laborlux can be faced away from the observer, for increased accessibility to all controls and to the object stage. Interchangeable body tubes permit binocular or monocular observation as well as photomicrography, with simultaneous observation and photography made possible through a unique trinocular attachment. A wide variety of accessories makes the Leitz Laborlux the ideal instrument for hospital or office laboratory. For brochure fill in attached coupon.

WALTER A. CARVETH LIMITED
901 YONGE ST. - TORONTO

Please send me the Leitz Laborlux brochure.

Name.....

Street.....

City.....Zone...Prov.....

Leitz

FIRST IN PRECISION OPTICS

Walter A. Carveth Limited

901 YONGE STREET
TORONTO, ONTARIO

1019 INGLEWOOD AVE.
WEST VANCOUVER

New Products and Equipment

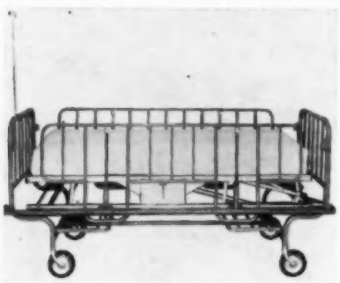
Housekeeping

(continued from page 106)

Recovery Bed Has Many Uses

Designed with removable ends and Trendelenburg spring, for many uses. Standard specifications include full length safety sides, 7" anti-static ball-bearing casters, full length wrap around rubber bumpers and blanket storage racks.

Available with baked enamel or chromium plated finish.



For further information, contact Eaton's Contract Sales Service, College Street, Toronto.

Terylene Hood Type Laundry Bags

While this type of self-closing laundry bag can be made to any size according to customer's specifications, G. A. Hardie & Co. have developed a style and size of bag which is proving particularly suitable for use in the laundry chutes of modern hospitals.

These laundry bags are available in smooth Terylene or spun Terylene.

Full information from G. A. Hardie & Co. Limited, 1093 Queen St. West, Toronto 3.

Professional Equipment

Philips Electronic Memory Wheel is Introduced

This device, now perfected, opens up a completely new field to the radiologist and surgeon. It enables images obtained from the aforementioned medical television combination to be stored for an indefinite period and reproduced at will any number of times on a television screen without the use of x-rays. The possibilities of this device, it is said, are enormous and include such advantages as enabling a surgeon to undertake an operation while holding a selected image of the internal structure of the area on a television screen. Any hospital using the Philips 9" intensifier/medical television combination can add this new device to their installation.

Please write to Philips Electronics Industries Limited, 116 Vanderhoof Avenue, Toronto 17.

Air-Shields Electronic Monitors Measure Vital Functions

Air-Shields, Inc., makers of the Isolette infant incubator and other specialized hospital equipment, has announced the development of an automatic, electronic Monitor, currently available in two models, to provide continuous accurate readings of the patient's vital functions.

Monitors available at this time are the Pulse-Blood Pressure-Temperature Monitor and the Pulse-Temperature Monitor. Both models have the same unique digital pulse pick-up consisting of a photo-cell and light source. Each pulsation is immediately indicated by a blinking light and, when desired, an audible tone of variable intensity. The pulse rate is integrated for direct, continuous reading on a meter. There is no need to count or time pulsations.

The temperature pick-up on both models consists of a small thermistor bead sealed in a polyethylene tube. Temperature may be taken by auxillary, oral, esophageal or rectal methods, and may be monitored at any time in both Farenheit and Centigrade calibrations. Although no integrated pulse reading is possible during temperature monitoring, pulse rate continues to be monitored by the light and tone.

For further information write Air-Shields Canada Ltd., 8 Ripley Ave., Toronto 3.

Welch Allyn Introduces Rechargeable Battery Handle

Welch Allyn, which first introduced rechargeable batteries for diagnostic instrument illumination have perfected a completely self-contained rechargeable handle, exactly the same size as the very popular "medium" handle now used by a great many physicians. It can be substituted for old style handles in all diagnostic set cases designed to accept this size.

Welch Allyn states that this new handle will provide satisfactory illumination longer between charges than will standard batteries of the same size. It fits all standard Welch Allyn instruments and, with an adapter, can be used with instruments of other makes.

The new handle requires no separate charger. To recharge, the top cap is removed and the base of the handle plugged into a 110 volt circuit. It may be recharged repeatedly, cannot overcharge, and will never corrode, according to Welch Allyn.

This new rechargeable battery handle is designated Welch Allyn No. 717. Canadian distributors are: The Stevens Companies, 1 Wellington St. West, Toronto.

(continued on page 110)

Whether it's in the O.R., Formula Room, or Ob-Gyn—practical, precise Kidde® machines save time, save money, and simplify patient care.

Anyone can operate the Kidde Baby Bottle Washer. Merely push the bottle onto the center brush in the machine, count 3, remove and stack the sparkling clean bottle. Cleaning is done by spinning nylon brushes rotating completely around and inside the bottle. Rinsing automatically follows detergent scrub. Approved by the National Sanitation Foundation and the New York Board of Health.

One attendant can clean and rinse 400 bottles or more in one hour with the new Kidde

BABY BOTTLE WASHER

—uses cold water
—measured detergent is visible
—jet rinse is automatic

Each modern wide-necked baby bottle is spotlessly cleaned inside and out in minimum time with minimum effort. Savings in cost of labor and hot water can run from $500 to $3,000 per year—depending upon bassinet count.

Easily installed, takes little space. Fits into standard deep sink. This efficient washer is now being used successfully in many hospitals (e.g., the 61 bassinet Mountainside Hospital in Montclair, New Jersey, and the 48 bassinet Englewood Hospital in Englewood, New Jersey). If you have a "baby bottle" handling problem, please discuss it with us. We may have a solution.

IN SURGERY OF THE EXTREMITIES THE AUTOMATICALLY REGULATED KIDDE O. R. TOURNIQUET

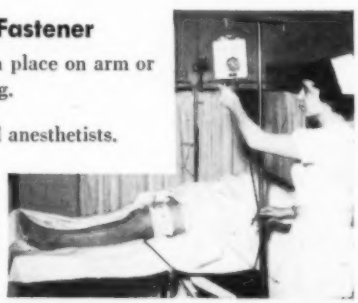
—permits rapid application of pressure
—maintains desired pre-set pressure
—allows controlled variations in pressure as needed during lengthy procedures

The Kidde Tourniquet hangs conveniently at operating table or bedside. Pressure is pre-set before applying to the patient and is constant until release or adjustment is desired. Inflation is rapid but release of pressure is gradual to avoid shock of too sudden drop. Freon gas used for inflation is nontoxic, noninflammable.

NEW—Velcro® Cuff Fastener

wraps tourniquet firmly in place on arm or leg—no slipping, no rolling.

Approved by surgeons and anesthetists.



Demonstrations of KIDDE *products are also available through your surgical supply dealer.*

To test and improve tubal patency *safely*

KIDDE UTEROTUBAL KYMOGRAPH INSUFFLATOR

For hospital files and study, the Kymo Insufflator provides precise records of pressure variations. Oscillation patterns, made with non-smudging and non-skipping Thermelectric pen, are easy to read and compare. Accuracy is assured by machine design.

Safe and simple. Charged from CO_2 cartridges. Gas limited to 100 cc. Pressure limited by gravity controls to 200 mm. Hg. The CO_2 is promptly absorbed by patient with no risk of emboli.

For literature write:

KIDDE Manufacturing Co., Inc.
Bloomfield, New Jersey

® KIDDE—T. M. Reg. U. S. Pat. Off.

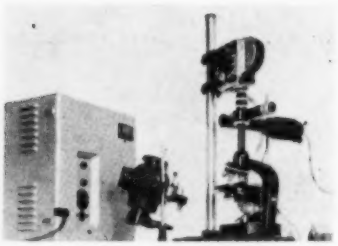
New Products and Equipment

Professional Equipment

(continued from page 108)

New Accessories For Wild Microscopes

A new and easy-to-manipulate stage, in microscopes, is now available for cooling as well as heating in the same unit. While the heating is produced electrically, cooling is obtained by introducing cold water or a specific cooling liquid into a special tube system. In addition, the object under observation is movable in the X axis by a built-in preparation holder.



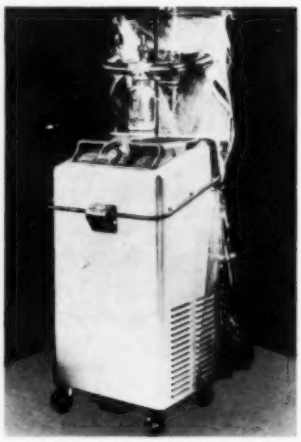
The well-known versatility of the M 20 microscope has meanwhile also found acclaim in the field of ultra violet research (fluorescence antibody). The complete equipment comprises a mercury vapour high pressure burner and a surface silvered mirror which does not absorb any portion of the ultra-violet spectrum as does an ordinary mirror, as well as a set of ultra-violet filters. See illustration.

Full particulars on above item and others may be obtained by writing to Wild of Canada Limited, 157 MacLaren Street, Ottawa 4, Ont.

High Humidity Adaptor For All Oxygen Tents

A new humidifier which converts any standard electric oxygen tent into a high humidity tent in a matter of minutes is now being marketed.

Called the Linde Fog Generator, the unit is easily attached to the canopy boom upright and keeps the atmosphere of the tent supersaturated with a fine particled fog of super moist air. In addition to the adaptor, all that is required is a tent canopy which has two extra duct openings, a compensated oxygen flowmeter for piped oxygen, or a two stage oxygen regulator for cylinder oxygen, and pressure tubing.



There are two separate circulations. The upper is a jet stream of 8 cubic feet per minute, and there is a main tent circulation of 40 to 60 cubic feet per minute. As cool air is delivered to the tent canopy, a natural fog is produced as the warm moisture laden jet stream is blended with the cool tent air. This blending helps maintain a better retention of moisture in suspension along with a more uniform distribution of fog which results in better therapy.

For additional information, write to Union Carbide Canada Limited, Linde Gases Division, Oxygen Therapy, Dept. 500, 123 Eglinton Avenue East, Toronto 12.

Scissors With Tungsten Carbide Impregnated Blades

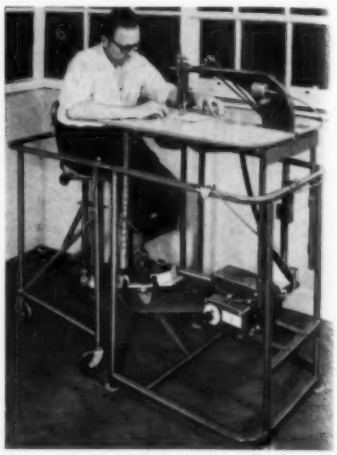
Down Bros. and Mayer & Phelps Ltd. have produced recently a range of surgical operating scissors with tungsten carbide impregnated blades. This special treatment to the blades reduces repairs to a minimum and assures an extremely long life without re-sharpening.

Prices are moderate and the handles are gold-plated for easy identification.

Write for additional information to the Company at 70 Grenville St., Toronto 5.

Rehabilitation Machine for Occupational Therapy

The Oliver rehabilitation machine is now available to Canadian hospitals from Lewiscraft. The machine was designed by a practising occupational therapist for saw- ing, drilling, sanding, grinding a polishing wood, metal and plast According to the Company it very beneficial in the treatment arm or leg injuries and disabiliti The machine is made in two s tions—the work table and pe unit and seat cradle—the latter ing available separately or ad tionally if required.



For further information write Lewiscraft, 284 King St. W., Toronto.

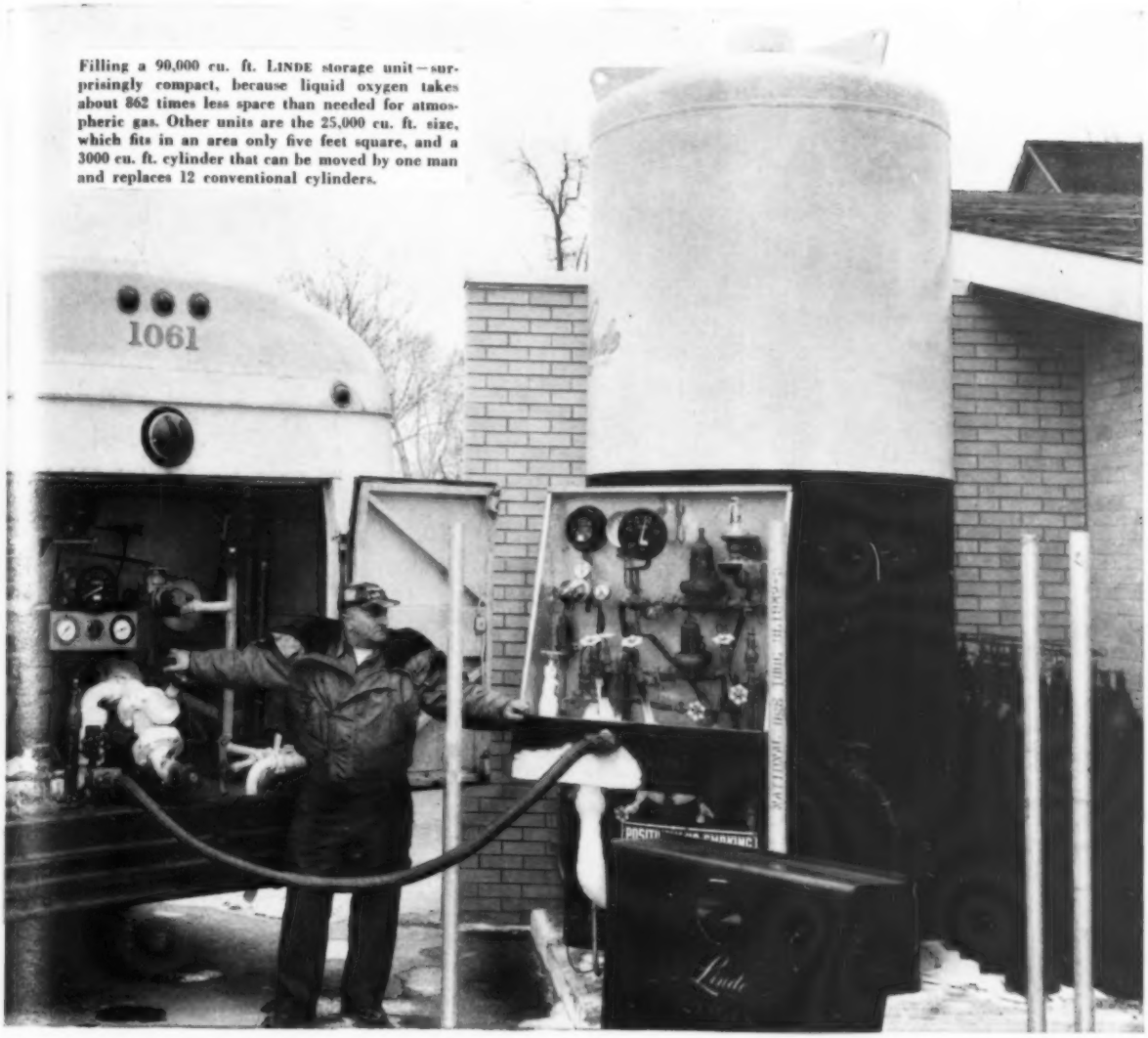
New Philips 9″ Image Intensifier

Development in this field has been taking place in the Philips research laboratories in Europe for the last ten years. From the original model with a 5″ diameter field, of which several thousand are in use, the new 9″ diameter tube has been developed. This is a device which, when attached to an x-ray examination table, multiplies the brightness of the x-ray fluoroscopic image to such a tremendous extent that not only can the x-ray patient dose be decreased to a minimum but also cineradiography and television projection is possible.

Philips have installed such a combination in more than a doz major hospitals in Ontario Quebec and have further orders hand. A new development in field now perfected by Philips their new medical closed circ television chain specifically desi ed for use with the 9″ intensif which for sheer excellence diagnostic clarity, the ma claims, has no equal.

Additional information may

(continued on page 114)



Filling a 90,000 cu. ft. LINDE storage unit—surprisingly compact, because liquid oxygen takes about 862 times less space than needed for atmospheric gas. Other units are the 25,000 cu. ft. size, which fits in an area only five feet square, and a 3000 cu. ft. cylinder that can be moved by one man and replaces 12 conventional cylinders.

YOU'VE GOT TO BE SURE ABOUT OXYGEN

With hospital oxygen, you've got to be sure that it's produced to U. S. P. standards . . . that it's properly stored and handled . . .

And you've got to be sure that it's there when you need it.

You don't face problems like these when you have a "LINDE" liquid oxygen system installed. Any general hospital from 25 beds up can have liquid oxygen. Experienced LINDE representatives are ready to help in selecting and installing the equipment you need. You will find that liquid oxygen takes only a fraction of the storage space required for gas. Highly qualified personnel supervise its production all along the line. And deliveries are regular and dependable, wherever your hospital may be located in Canada.

Take advantage of LINDE's more than 40 years' experience in the Canadian oxygen business. Call your nearest LINDE representative or distributor. Or write Union Carbide Canada Limited, Linde Gases Division, Dept. 500, 123 Eglinton Avenue East, Toronto 12, Canada.

LINDE GASES DIVISION

UNION CARBIDE

"Linde" and "Union Carbide" are trade marks.

NEW CURITY PACKAGING DISCOVERY!

NOW...A PRE-PACK THAT OPENS ASEPTICALLY

...*in one simple motion!*

New S-E Pack keeps dressing sterile from package to patient.
Opens without scissors or string–dressing never touches torn, unsterile edges.

An ingeniously simple wrap now gives you Cover Sponges that remain totally sterile—even during their removal from the package. There's no contact with hands or unsterile edges. Completely aseptic, at a time when strict adherence to aseptic technique is a main line of defense against hospital staphylococcus. 1, 2, 3, et. al.

In addition to much wanted safety, you have the much proven pre-pack efficiency that yields steady dividends in terms of time gained, labor spared and money saved.

For the latest—as well as the safest—in hospital dressings, see Curity.

1. Burnett, W. E.: *Program for Prevention & Eradication of Staphylococcic Infections*, J.A.M.A. 166: 1183-84 (March 8) 1958. 2. Adams, R.: *Prevention of Infections in Hospitals*, Am. J. Nurs. 58:344-48 (March 1958). 3. *Medical Authorities Recommend Ways to Control Infections*, Mod. Hospital 90: March 1958, 51-54.

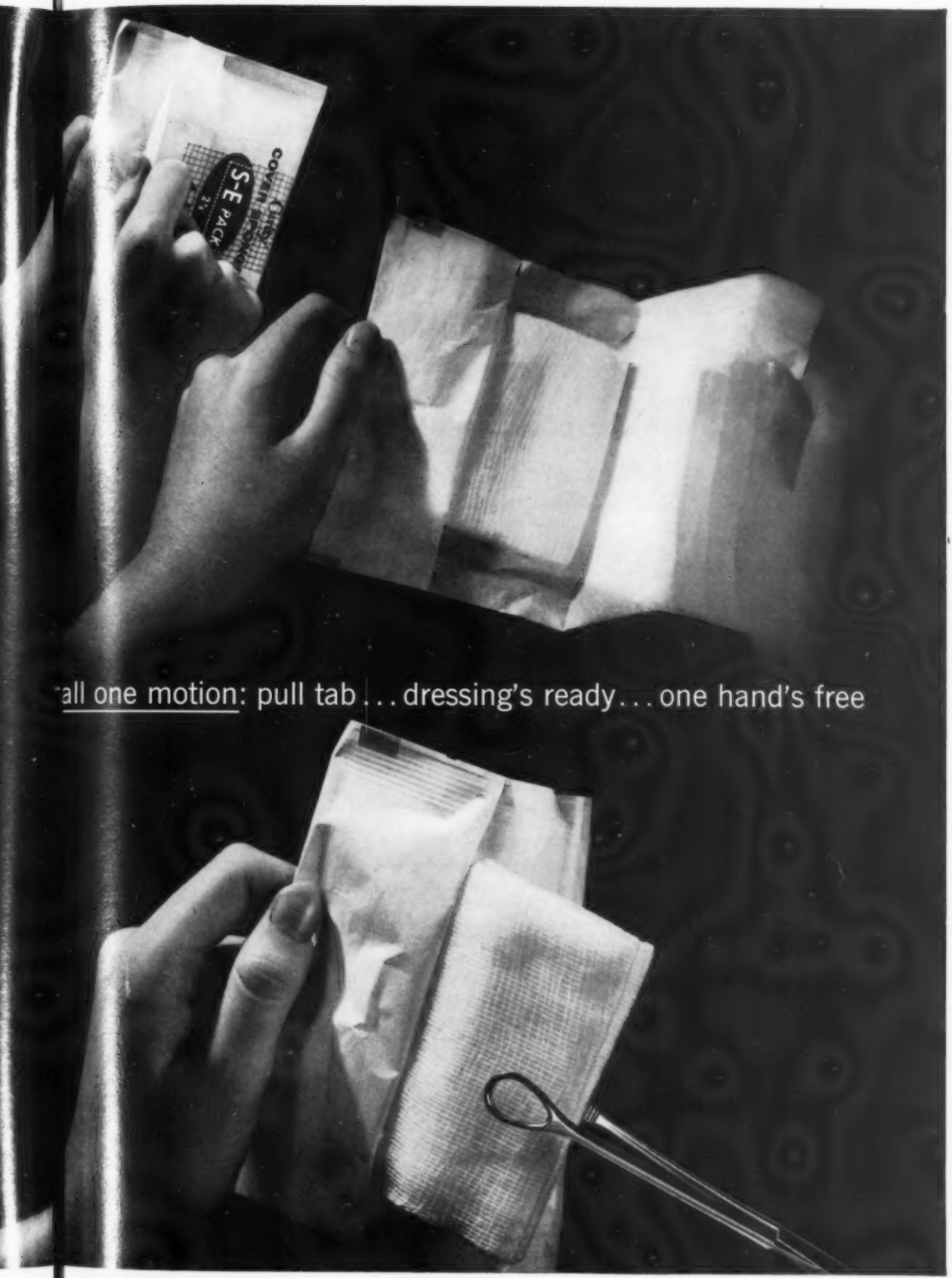
CURITY Cover Sponges now available in S-E Pack—no additional cost

Curity
TRADE MARK

S-E* PACK

*T.M.

THE KENDALL COMPANY
(CANADA) LIMITED
BAUER & BLACK DIVISION


S-E PACK
all one motion: pull tab . . . dressing's ready . . . one hand's free

New Products and Equipment

Professional Equipment

(continued from page 110)

obtained by writing to Philips Electronics Industries Limited, 116 Vanderhoof Avenue, Toronto 17.

Innovations in Stathmos Physicians' Scales

The model 300 Physicians' Scale can be equipped with measuring rod as shown in the photograph. It has a capacity of 280 lbs. with 4 oz. graduations. The folding arrangement for the base and platform reduces the floor space required to less than half of usual models.

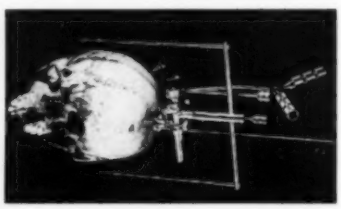
When base and platform are folded they automatically lock in position and a useful handle comes into position which is used to move the scale about. This scale is accurate and dependable, handy and robust to withstand rough usage, and is easy to clean. It is used by doctors and hospitals throughout Canada.

Full details from Stathmos Scale Manufacturing Limited, 417 Birchmount Road, Scarborough, Ont.

Improved Guiot-Gillingham Stereotactic Apparatus

The relief of the more distressing symptoms of Parkinsonism and other hyperkinetic disorders, by the production of destructive coagulative lesions of the brain by diathermy or chemical means, is becoming an accepted surgical procedure.

It is essential to ensure that the lesion is located with extreme accuracy, and that the apparatus used should permit the production of the minimum lesion consistent with relief of the condition to be treated. It is desirable, too, that it should be possible to apply the apparatus to the head of a patient with the minimum discomfort to the patient, and in as short a time as possible consistent with accuracy.

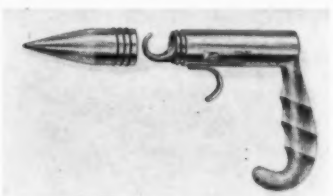


The original Stereotactic apparatus devised by Dr. Guiot of Paris, has been modified and improved by Mr. F. J. Gillingham, M.B.E., F.R.C.S., of Edinburgh, and is now presented as the Guiot-Gillingham Stereotactic Apparatus. It ensures the production of surgical destructive coagulative lesions of the brain by diathermy, with greater accuracy than hitherto, and overcomes the disadvantages of previous models.

To secure further details write to Glaxo-Allenburys (Canada) Ltd., 52 Bartor Road, Weston, Ont.

Sklar Gravlee Gun Ties Umbilical Cord Quickly

The Gravlee Gun represents a major advance in umbilical cord management. It not only ties the cord easily, quickly, and very securely but prevents contamination from the operator's hands.



After placing the cord in the hook the cord is ligated with a piece of latex rubber tubing simply by pulling the trigger. The entire tying procedure requires only 20 seconds to complete, thus freeing the physician to attend other problems at hand.

The mechanism is simple, consisting of 2 pieces of stainless steel tubing, 2 springs, a hook, trigger, and a conical metal loader. The gun may be sterilized by any of the conventional methods.

Literature from J. Sklar Manufacturing Co., 38-04 Woodside Ave., Long Island City, N.Y.

Single or Double Model Aspirator Carts

A main feature of these carts is that the operator does not have to stoop to push them from place to place. This is due to the height of the regulator mounting post which enables the operator to move the cart using only one hand.

Also all the equipment, such as the regulator and bottles, is in one small area thus allowing the operator to check the setting of the regulator and the level of fluid in the bottles at one glance.

All parts, except the cast aluminum base, are made of stainless steel, which facilitates cleaning and is in keeping with hospital decor. The aluminum bases are mounted on conductive ball bearing swivel casters.

The vacuum tubing DVX-4912 which goes from the bottle to the patient must be ordered separately. Write to Canadian Liquid Air Co., Limited, 1210 Sherbrooke St. W., Montreal.

Pulmonator Developed by Canadian Liquid Air

The Medical Gas and Equipment sales division of Canadian Liquid Air announces new product additions. Special note should be taken of the Pulmonator which, since its inception a few months ago, has met with great success.

(continued on page 116)

There's no substitute for the DEPENDABILITY of an American Square Dressing Sterilizer with Cyclomatic Control

There is no margin for error in today's rigid aseptic techniques. Sterility of surgical supplies cannot be quantitative nor qualitative. It IS and must be *absolute* . . . for every item in every load, every day.

Thus each step-saving, time-saving feature of the Amsco Square Dressing Sterilizer is first and finally DEPENDABLE. The single multiport valve of the Cyclomatic Control is a marvel of rugged simplicity. It is so easy to operate that the most unskilled attendant quickly understands it. It is so positive that the most conscientious operator never doubts it. It saves time for other useful work and it saves *worry*.

There is dependability, too, in the eye-level convenience of the unitized control panel; in the greater load capacity of the square chamber; in the welded, nickel clad and monel construction and in a hundred hidden details.

That is why . . . across the country or around the world . . . Amsco Square Dressing Sterilizers are the *standard* of dependability. And in this vital process, there IS no substitute for dependability.

AMERICAN STERILIZER
COMPANY OF CANADA, LIMITED
BRAMPTON · ONTARIO

World's largest Designer and Manufacturer of Sterilizers, Surgical Tables, Lights and related technical equipment.

New Products and Equipment

Professional Equipment

(continued from page 114)

The Pulmonator is a simple, lightweight (less than 1 lb.) but effective respirator which permits the operator to inflate rhythmically and intermittently the lungs of a person who has ceased to breathe.

It consists of a face mask, one-way valves, and a foam plastic lined breathing bag. The thickness and density of the foam plastic in the bag provide elastic recoil which causes the bag to refill with fresh air after each compression.

A gentle manual squeeze of the Pulmonator will expand the victim's lungs. Release of the hand permits exhalation to take place. When the operator compresses the bag, and waits for the bag to fill before compressing it again, he will be inflating the victim's lungs between 20 and 25 times per minute. The volume of air is easily controlled so that victims ranging in size from infants to large adults can be adequately and safely ventilated.

Professional Supplies

Patient-Ready Dressings are Introduced

Keeping pace with the needs and requirements of hospitals in meeting the high costs of labour, Johnson & Johnson Research has developed the Patient-Ready Dressings concept. The concept comprises the supply of dressings in sterile form, ready for hospital use, and packaged in such a manner as to maintain sterility.

GUARANTEED STERILE J&J PATIENT-READY
TRADE MARK

Patient-Ready Topper sponges (a post-operative dressing) were released earlier this year. They are provided in sterile form, two per package in convenient dispensing trays.

Johnson & Johnson Limited has also recently released a Porous Surgical Adhesive Tape in hospital rack rolls 12″ x 10 yards. The porosity is achieved by a special "pattern spread" of the adhesive mass. Not one thread of the back-cloth is punctured. The result is an adhesive tape of improved sticking quality without loss of tensile strength. Porosity allows the skin to "breathe", minimizing a significant cause of irritation, and offering additional patient comfort.

Porous Adhesive Tape is available in both the lightweight Zonas and heavier Z O Adhesive Tapes.

J & J Surgipad Heavy Drainage Dressings and Rolls

Johnson & Johnson Limited now offers a heavy drainage dressing with a new "Sofnet" fabric cover. Their former combine pad with a harsher gauze covering has been completely modified in all components to offer a dressing with increased absorbency, additional patient comfort and improved practical application.

Surgipad Heavy Drainage Dressings are supplied without additional cost in narrow and wide, cut or uncut pads, as well as in rolls of 8″ x 20 yards. These are provided with either non-absorbent backing or in the all-absorbent type pad.

A.T.I. Adds Needle Bag To Sterilization Aids

Newest member of the line of hospital sterilization aids manufactured by Aseptic-Thermo Indicator Company is an autoclave bag for sterilizing hypodermic needles. This needle bag, in heavy duty, wet-strength paper is imprinted with A.T.I.'s exclusive purple SteriLine indicator that turns green after exposure to sterilization-producing autoclave conditions. As an economy item the same size bag—2 inches by 4 inches—is offered as a plain bag without the SteriLine indicator. Both styles of bag provide for noting size of needle and date of autoclaving.

According to Company president Willard M. Huyck, the combination of new SteriLine Needle Bags with A.T.I.'s Needle Holders and Bag Closettes will provide the most modern and satisfactory method yet devised for autoclaving and storing hypodermic needles.

For prices, literature, and a generous test supply of these new products, write to The J. F. Hartz Company, Ltd., 32-34 Grenville St., Toronto 5.

Pharmaseal Releases Four New Disposable Syringes

Pharmaseal Laboratories has announced availability of 4 new Stylex® Disposable syringes, in addition to their present line of 2 cc., 5 cc. and 10 cc syringes.

The new sizes are 20 cc., 30 cc., a Tuberculin (1 cc.) and an Insulin (1 cc.) syringe. The full line now makes possible a most complete injection programme of disposable syringes.

The manufacturer states that the Stylex syringe has demonstrated its efficiency from every vantage point—safety, convenience and economy. Safety is provided for patient and nurse because each syringe is completely disposable after one injection

(continued on page 120)

New Products and Equipment

Professional Supplies

(continued from page 116)

eliminating the hazard of patient-to-patient or patient-to-nurse infection which can result from improper sterilization of reusable syringes. Convenience is demonstrated in the elimination of cleaning, fitting, and sterilizing procedures; plus ease of storage and simplified accounting. Economy is proved daily by the many routine users of Stylex syringes who can count the savings in direct wages and overhead.

Another new feature is the colour coding of all needle protectors by needle size, thus making selection of desired needle size quick and accurate.

Write for fuller particulars to Pharmaseal Laboratories, Glendale, Cal.

Bard General Purpose Utility Catheter

A new plastic urethral catheter, made in one "universal" size that will perform most routine catheterizations, has been introduced by C. R. Bard, Inc., Summit, New Jersey.

Called the Bardic "Util-Cath" (TM), the unit is sterile packaged in a transparent film envelope that is easy to open, aseptically—exterior flaps are peeled back and away from the sterile interior and the catheter is ready for instant use.

Thin wall construction, without loss of strength, provides desired drainage of a large catheter without the distention of a large outside diameter, according to Bard; this gives the Util-Cath a wide range of use and thereby reduces the usual inventory of styles and sizes. Low cost of this catheter permits single use for maximum convenience, the company reports.

Bauer & Black S-E Pack Opens Without Cutting

This is a pre-pack that you can open with complete confidence, as the dressing cannot touch torn, unsterile edges.

This revolutionary, new, pre-pack marketed by Bauer & Black opens in one easy motion without cutting or tearing the paper. The S-E requires no change in the dressing procedure used in C.S.R.'s and costs no more than the ordinary prepacked dressings.

It is the pre-pack so many hospitals have asked for, as it affords complete aseptic technique at a time asepsis is of such special concern in our hospitals.

The Curity S-E Pack offers outstanding savings in labour, time and money, plus total sterility.

Full information on Bauer & Black products is available from The Kendall Co. (Canada) Limited, 6 Curity Ave., Toronto 16.

Ilford X-Ray Film For Quantity Users

Red Seal 300 X-Ray Film, made by Ilford Limited, Ilford, England, is now available in a special economy packing for volume users.

Red Seal 300 X-Ray film is identical in quality and consistency with the regular 75-sheet Red Seal packing. The outer carton contains four inner cartons, each with 75 sheets of film, foil protected and interleaved. Rip tabs on all cartons make opening easy. The makers state that those who use X-Ray film in quantity can save money by ordering Ilford Red Seal 300.

Further particulars from their Canadian representative, W. H. Booth Co., Limited, 12 Mercer St., Toronto 2B.

Bard-Parker Introduces New Stainless Blade

Bard-Parker Company, Inc. has introduced a new stainless steel surgeons' blade. Available in the same sizes as the company's traditional carbon Rib-Back Blade, the stainless blade is individually packaged in a sterile package which can be autoclaved if desired.

Sterling Dusting Powder For Surgeons' Gloves

Sterling Rubber Company Limited, Canadian manufacturers of surgeons' gloves since 1912, announce that new "Sterling" Dusting Powder is now available through leading surgical supply dealers across the country.

This new "Sterling" Dusting Powder is of the starch derivative biologically absorbable type, and is immediately available in a new, convenient and more economical type of package particularly designed for servicing gloves. This is a 25 lb. shippable blue and white fibre drum, which does not need added protection for shipment. Powder can be stored for years in this drum, which has a polyethylene liner. Due to lower shipping and packaging costs "Sterling" Dusting Powder is available to hospitals at a substantial saving.

(continued on page 122)

New Products and Equipment

Professional Supplies

(continued from page 120)

1½ gram packets of "Sterling" Dusting Powder will soon be available.

For further information write Sterling Rubber Co. Limited, Guelph, Ont.

Steri-Sharp Surgical Blades are Hermetically Sealed

Now available to hospitals everywhere—the new SteriSharp surgical blade. SteriSharp is the product of five years of extensive research, resulting in the perfection of a new kind of blade, made of stainless steel.

SteriSharps, precision-sharpened and thoroughly cleaned, are hermetically sealed in double vinyl-lined aluminum foil. Then the sealed packets are heat-sterilized to destroy all microbial life. Rigid quality control and inspection—including a sterility check by an independent laboratory—back a guarantee of an absolutely sterile blade, with an amazingly sharp, uniform, durable cutting edge.

SteriSharp blades eliminate blade waste throughout the hospital. The practice of preparing several blades for each operation is unnecessary. With convenient, easily opened SteriSharps, only blades actually needed are used, because sealed SteriSharp packets are reusable.

To better assist you SteriSharps employ the standard colour-coding system. This procedure saves time, labour and assures greater safety through this easy method of identification.

Obtain full particulars by writing to Pal Blade Corporation Limited, 2055 Desjardins Ave., Montreal 4.

B-D Adds to Medical Grade Tubing Line

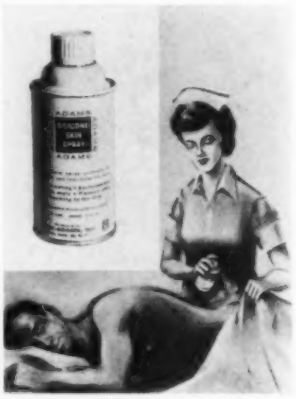
Becton, Dickinson and Company has rounded out its pioneer line of Medical Grade Tubing to include polyethylene as well as vinyl tubing. All B-D Medical Grade Tubing is nontoxic, nonpyrogenic, odourless and tasteless. Most of the vinyl and polyethylene sizes available are packaged in lengths from 12 to 36 inches. Longer lengths are in 10 foot coils and special 100 foot spools designed for efficient storage and easy dispensing.

Full particulars available from Becton, Dickinson & Co., Canada, Limited, 550 Hopewell Ave., Toronto 10.

Adams Silicone Skin Spray Checks Skin Irritations

In actual hospital tests, Adams Silicone Skin Spray, a new product of Clay-Adams, Inc., New York, has been found effective as an aid in preventing bed sores in bedfast patients, and in checking or even eliminating skin irritations in cases where they have already developed.

In addition, hospitals conducting the tests found the new aerosol spray just as satisfactory in controlling and treating chafing and heat rash among bedridden and incontinent patients, and for the protection of skin surrounding ileostomies, colostomies and biliary drainage areas.



Active ingredients in Adams Silicone Skin Spray are silicone and hexachlorophene, which the manufacturer says provide an ideal combination of soothing protection and bacteriostatic action to conquer one of the most difficult problems encountered in hospitals, nursing and convalescent homes, and homes for the aged.

Further information is available from the maker, Clay-Adams, Inc., 141 East 25 St., New York 10, N.Y.

Lac-Mac Operating Room Conductive Soled Boot Covers

Introduced this Spring, the new operating room conductive slip-on shoe cover, manufactured and distributed by Lac-Mac Limited, has already proved very popular.

Eyerest Green in colour — the grey-blue pastel that cuts glare reflection—the new Lac-Mac shoe covers are simple and inexpensive

(continued on page 126)

cut housekeeping costs with

BETTER, FASTER FLOOR CLEANING

Save time, save money with built-in cleaning efficiency of WHITE tools

EASIER TO USE — The White "Silent Mopmaster" Outfit illustrated gives you more work per hour by reducing operator fatigue. Truck-mounted oval buckets save lifting, combine with "Can't Splash" Wringer for effortless mop-wringing.

SAVES CLEANING SOLUTION — Two-bucket system prevents dilution and contamination of costly detergents and disinfectants.

DESIGNED FOR SILENT OPERATION — Rubber guards muffle noise at truck handle, bail and bottom rim of bucket. Truck moves silently on bearing-mounted rubber casters.

OTHER WHITE PRODUCTS FOR EFFICIENT HOUSEKEEPING

NO. 300B MOPPING TANK

Saves labor and materials on big jobs. Two compartments, easy-operating wringer; ball bearing casters with silent running rubber treads.

MAID'S UTILITY TRUCK NO. 1784

Roomy shelves hold clean linen, other room supplies; detachable bag for soiled linen. Rubber clips hold broom, dust mops; glides silently on rubber treads.

SEND FOR FREE CATALOG
showing full line of White mopping outfits and floor cleaning accessories.

In floor cleaning equipment . . .

WHITE

IS THE WORD FOR CLEAN

...de in Canada by Canadians

WHITE MOP WRINGER COMPANY OF CANADA PARIS 3 ONTARIO

Insist on NAPANEE

and relax

Automatically, your Napanee package boiler relieves you of all process steam worries. From the moment it arrives on the job, ready to go to work, its automatic controls take over to ensure fast, economical operation. Simplified engineering cuts maintenance and shut-down costs to a minimum. Since 1912, Napanee Iron Works has enjoyed a reputation for engineering perfection in the boiler field in Canada, where it is now the leader. That reputation is pledged in the certificate of guarantee that goes with every boiler. And backing that guarantee is a service organization at your beck and call 24 hours a day, seven days a week.

NAPANEE IRON WORKS LTD

NAPANEE, ONTARIO

A SUBSIDIARY OF INTERNATIONAL EQUIPMENT CO., LTD

Burdick

K-III DUAL-SPEED ELECTROCARDIOGRAPH

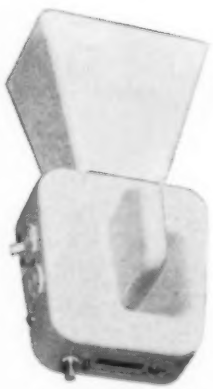
The all-new Dual-Speed EK-III sets a new standard in high fidelity electrocardiography for recording the fine details of rapid, small deflections. With its sensitive recording system the dual-speed paper drive with 50 mm. per second speed to enlarge the horizontal dimensions of heart complexes becomes highly important.

Switch from standard 25 mm. to 50 mm. and back again without transitional lag.

Special Features: Simplified top-loading paper drive, 4-position Amplifier/Record switch, convenient ground indicator, all-new single-tube level-writing stylus, conveniently located jacks for cardioscope and D.C. Input connections, rapid lead selection, standard 50 mm. records, modern, clean design.

Without sacrificing quality or utility, the EK-III is compact and weighs only 22½ pounds without accessories.

NEW from LUXO – UNILUX Hospital Unit



- INDIRECT LIGHT
- NIGHT LIGHT
- CONVENIENT OUTLETS
- LUXO LAMP MOUNT

. . . All in one compact unit.

Grounded receptacles for Heating Pads, Radio, and Treatment Units.

Universal mounting Plate, may be mounted on any standard outlet box.

Architects and Engineers specification sheets available on request.

UNILUX HOSPITAL UNIT
Height 12"; width 6"; depth 5"
May be wired for remote or local control.
Available in LUXO LAMP matching colours.

ONTARIO HOSPITAL CONVENTION
OCT. 24, 25 and 26
ROYAL YORK HOTEL
TORONTO
EXHIBITING NEW PRODUCTS FROM
HARTZ OF CANADA

THE J. F. HARTZ COMPANY LIMITED
TORONTO
HAMILTON — MONTREAL — HALIFAX

New Products and Equipment

Professional Supplies

(continued from page 122)

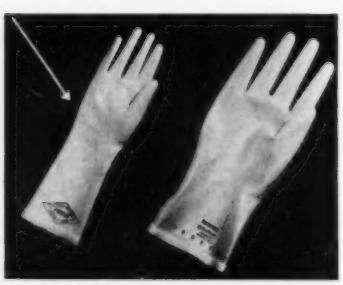
in design and finish. The conductive tongue in the sole of the covers comes in contact with the floor and dissipates all static electricity through a tongue which is kept in contact with the skin of the wearer by tucking, for instance, into the top of the socks.

The shoe covers are pulled on over ordinary footwear and putting on and taking off is made simple by the unique Velcro fastening which provides a complete and permanent closure simply by pressing, yet can be opened easily by pulling apart.

Hospital authorities are invited to write Lac-Mac, Limited, 425 Rectory Street, London, Ontario, for literature, samples and prices.

Small-Sized Surgical Glove Added to Rollpruf Line

Those who require an extremely small-size surgical glove need no longer experience difficulty in finding the proper fit. The Pioneer Rubber Company of Willard, Ohio, has just added a special small glove size to its popular line of Rollpruf surgical gloves.



The glove, designed with narrow, shorter fingers and snug-fitting wrists, retains all the features which have made Rollprufs so popular with the surgical trade. The flat-banded cuff, an exclusive feature of the Pioneer Rollpruf line, prevents the gloves from rolling down during use. Like the conventionally-sized gloves in the line, they have undergone the special Pioneer compounding process to eliminate the dangers of ozone cracking.

In the past, the Company's research activities have provided improved methods of surgical glove sterilization; a special custom-made glove service for members of the profession with particular hand-fitting problems; surgical gloves made of neoprene for physicians who suffer from allergies to latex; as well as other advances in surgical glove making.

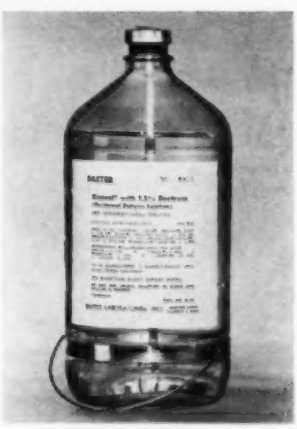
Available in Canada from area sales representatives.

Pharmacy and Laboratory

Dianeal is New Product of Baxter Laboratories

A solution for performing peritoneal dialysis has been introduced by Baxter Laboratories, Inc. The new product is called Dianeal.

Peritoneal dialysis utilizes the living peritoneal membrane as a dialyzing membrane to remove toxic substances and metabolites from the body in cases of renal failure. The peritoneum substitutes for the malfunctioning kidney in treating uremia, over-hydration and certain poisonings.

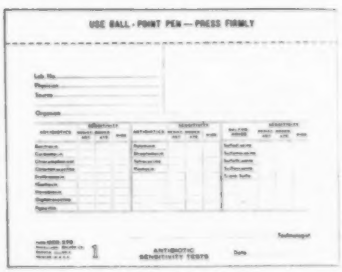


Dianeal is supplied in two dosage forms that are identical in electrolyte composition, but differ in their dextrose concentrations. The difference is based on the fact that although the peritoneum is permable to dextrose, the presence of a hypertonic solution in the peritoneal cavity will abstract fluid from the blood because of the more rapid rate of diffusion of water and electrolytes as compared with the slower rate of the larger dextrose molecules. This prevents overhydration after the introduction of protein-free fluids into the peritoneal cavity, and permits hydration if dehydration of the tissue is present.

Therefore, Dianeal with 1.5 per cent dextrose is used for treatment of patients with acute renal failure while Dianeal with 7 per cent dextrose is suggested to remove edema fluid in patients with massive edema.

Standardized Lab Test Slips for Patients' Name Plates

A series of 19 different Laboratory Report Forms in snap-out triplicate style, designed for use with mechanical addressing equipment, is now available from Physicians' Record Co., publishers of hospital and medical records.



The slips have interleaved carbons and the original has a strip of pressure-sensitive adhesive on the back for easy attachment to master report sheets. Samples of all 19 stock Laboratory Slips, as well as other hospital report forms for addressographing, will be sent upon request for "Sample Group Add". Write to the Physicians' Record Company, 3000 South Ridgeland Avenue, Berwyn, Illinois.

Exact Melting Points With Fisher Tissuemat

Now laboratory personnel may know the melting point within ±0.5°C. when they use Tissuemat®, the Fisher formulation for infiltrating and embedding specimens for microscopy.

Quality-control chemists in Fisher's chemical manufacturing division can now guarantee that each of the 4 types of Fisher Certified Tissuemat has a melting point range of only 1°C. (a figure known more precisely than the melting temperatures of many commercial chemicals.)

Furthermore, the exact melting point of each batch of Tissuemat is measured and printed on the

(continued on page 128)

General Sound makes sure he gets the message

A hospital doctor is probably the world's most wanted man. When the call goes out for him he's got to hear it loud and clear. There's no time for 'beg pardons'. That's why a hospital's communication system *must* be 100% reliable. General Sound offers the most comprehensive sound service in Canada... top quality equipment—Northern Electric, DuKane and Altec—backed by the finest engineering and service skills available. Our experts stand ready to advise you on your communication problems and supply, install and service the system that suits your needs best. Contact any General Sound office listed below.

General Sound GS

GENERAL SOUND AND THEATRE EQUIPMENT LIMITED, 861 Bay Street, Toronto • Offices in Vancouver, Winnipeg, Calgary, Montreal, Halifax, Saint John

New Products and Equipment

Pharmacy and Laboratory

(continued from page 126)

Certificate of Analysis in each package.

As most technologists know, the physical properties of Tissuemat are superior to those of paraffin and paraffin-type substitutes in that Tissuemat won't crumble or crack when cut with a microtome. They possess a cohesion that facilitates ulta-thin slices, and prevents cell shrinkage and distortion.

Please write for full data to Fisher Scientific Limited, 8505 Devonshire Road, Montreal 9.

Special Equipment

Improved Travis Ren-Ray Skull Positioner

R. K. Travis of Canada Ltd. announce that an improved Ren-Ray Skull Positioner is now available.

The original unit was introduced in March and, through extensive research, the modifications and improvements are now completed. This is the first significant advance in the field in over thirty-five years.

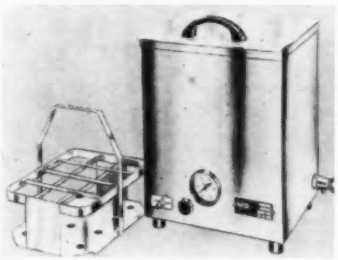
The most outstanding features are: Complete patient comfort. The patient's head no longer rests on the hard table-top, nor is it held in position with clamps, but is comfortably positioned in polyurethane foam inserts. Exact pin-point light positioning and scanning scales ensure standardized technique and projections.

The importance of these features is that repeat films are no longer necessary. Nursing and porter service time is cut to a minimum, as the time for routine skull X-Rays is reduced by at least 40 per cent. More important still, the patients and hospital personnel need no longer be unnecessarily exposed to radiation hazard.

Write R. K. Travis of Canada Limited, P.O. Box 68, Cornwall, Ont.

Combination Bottle Warmer And Sterilizer

The Shampaine Electric Company offers a fully automatic combination Bottle Warmer and Sterilizer. The unit is constructed of stainless steel throughout and has dual temperature control maintaining temperature automatically at 105 degrees for bottle warming, or permitting the unit to be used as a regular sterilizer at 212°F. A large dial type precision thermometer permits visual observation.



An extra heavy twelve bottle stainless steel basket is included for sterilization of completed formula or permitting sterilization of bottles in inverted position.

The unit comes complete with automatic controls, pilot light, hi-low selector switch, cord and plug; wattage is 1000, 110V, AC.

For further information write Shampaine Industries, Inc., 1920 South Jefferson Avenue, St. Louis, Missouri.

Barnstead Purifier Eliminates Water Still Cleaning

The Barnstead Steam-Heated Still with Feedback Purifier produces distilled water of extreme purity and completely eliminates the need of cleaning the evaporator. Since only pre-purified water enters the evaporator of the still, no scale or impurity accumulation takes place.

The purifier involves the use of steam condensate, demineralization and carbon filtration, followed by distillation to produce purest distilled water. The operating cost is low, the only maintenance required being the occasional replacement of demineralizing and filtering cartridges. The purifier insures consistent purity of distilled water of over 1,000,000 ohms resistance.

The Barnstead Feedback Purifier is now available for any new Barnstead Steam-Heated Still in capacities of from 1 to 30 gallons per hour. Also supplied to order on larger stills.

Write Barnstead Still and Sterilizer Co., 2 Lanesville Terrace, Boston 31, Mass.

New Literature

Wood's Heavy Duty Wet-Dry Vacuum Cleaners

A new, four page catalogue has just been released which illustrates graphically the many cleaning jobs that can be performed by the various models of Wood's heavy duty wet-dry vacuum cleaners.

Attractively produced in two colours, the folder provides information on the many features that add to the convenience and efficiency of the machines.

Detailed specifications and performance data are listed in factual form.

A new, two-colour, four-page catalogue provides information, illustrations and detailed specifications covering the recently released line of Wood's Floor Maintainers. Copies of these catalogues may be obtained by writing G. H. Wood & Company Limited, P.O. Box 34, Toronto 18, Ontario.

How to Clean Ultrasonically With Self Tuning

A comprehensive guide to ultrasonic cleaning, which is gaining rapid acceptance in this field,

(continued on page 132)

improved model SKLAR electric evacuator for Wangensteen Technique

Cat. No. 100-160 (illustrated), with 32 oz. irrigating bottle.
Cat. No. 100-162, without irrigating bottle.

The improved Sklar Electric Evacuator meets every demand for continuous, low grade suction and pressure. It may be regulated to meet the individual patient's requirements; thus, assuring maximum comfort and highly satisfactory clinical results. The Sklar Electric Evacuator is designed specifically for finely controlled, continuous suction and pressure in such procedures as: stomach evacuation, intestinal decompression, thoracic drainage, prostatectomy, gastric lavage, fistula drainage, and bladder irrigation. The versatility of this new model eliminates the need for highly specialized equipment. **No maintenance or lubrication required — guaranteed for two years.** Available through Sklar Surgical Supply Distributors. Send for descriptive literature and specifications.

A SKLAR PRODUCT

J. Sklar Manufacturing Co., 38-04 Woodside Avenue, Long Island City 4, New York

New Products and Equipment

New Literature

(continued from page 128)

offered by Powertron Ultrasonics Corporation.

Entitled "How to Clean Ultrasonically with Self Tuning", and prepared by Powertron engineers, the bulletin provides a basic explanation of how ultrasonics works, what it can do to provide the safest and most consistent cleaning performance, and a guide to selecting the correct tank and generator sizes or console model for the user's needs. A discussion of Powertron's new development, the Autosonic cleaner, is also included, outlining how the new equipment, which tunes itself without the need for operator attention, maintains maximum efficiency never before available.

A thorough chart-guide to the correct cleaning solutions and temperatures for more than 20 different common contaminants completes the bulletin, designated 60-1.

Powertron Ultrasonics Corporation, Patterson Place, Roosevelt Field, Garden City, New York.

NCG Bulletin Describes Heart Monitor

The Veling Heart Monitor, which reduces surgical risk by signaling instantly when a patient's heartbeat is changed or interrupted, is illustrated and described in a new bulletin (NM-155.000) available from National Cylinder Gas Division of Chemetron Corporation, 840 N. Michigan Ave., Chicago 11, Illinois.

The tiny instrument is shown actual size, and a diagram illustrates how it can be mounted almost anywhere on the patient's body to provide the entire surgical team with beat-by-beat information about the heart.

Methods of using the instrument, its capabilities, and its power supply and control mechanism, are discussed.

New Textbook on Basic Hospital Accounting

A new textbook, *Principles of Hospital Accounting*, by L. Vann Seawell, D.B.A., C.P.A., is now available from the Physicians' Record Company, publishers of hospital and medical records. The book is based upon the manual for correspondence courses in hospital accounting conducted by Dr. Seawell at Indiana University, and includes many self-teaching features.

Written especially for trainees, students, hospital department heads, trustees, and others with no background in accounting, the text also serves as a refresher course on the latest business methods for hospital executives. *Principles of Hospital Accounting*, 364 pages, 14 chapters, 98 illustrations, first edition, $7.50 per copy, may be obtained from the Physicians' Record Company, 3000 South Ridgeland Avenue, Berwyn, Illinois. Write for descriptive circular.

Announcements

Orders World's Largest Vacuum Tank Cars

Canadian Liquid Air Company has confirmed that it has ordered two immense railway vacuum-type tank cars. The new cars will be nearly twice the length of standard tank cars and will have 80 per cent greater capacity. Measuring 64 ft. 4½ in. in length and having a capacity of 13,700 Imperial gallons, the two tank cars will be used to transport liquid oxygen and other liquefied atmospheric gases to any location where they are needed in Canada.

The new units, which enlarge Liquid Air's fleet of such cars, are to be delivered later this year.

O. H. Johns Glass Company is Owens-Illinois Dealer

O. H. Johns, president of the O. H. Johns Glass Co. Ltd., 219 Broadview Ave., Toronto, has announced the appointment of his firm as a franchised dealer for Owens-Illinois Inter-American Corp., handling the complete scientific laboratory glassware line manufactured by the Kimble Glass Co., a subsidiary of Owens-Illinois.

With sales offices at 100 Murray Street in Montreal and at 227 Market Avenue in Winnipeg, the O. H. Johns Glass Co. will be able to provide sales service on Kimble products throughout Canada, with the exception of the west coast.

A completely Canadian-owned and operated firm, the O. H. Johns Glass Co. Ltd., was established thirty-two years ago and is now recognized as one of the leadin general laboratory supply house in the country.

Personals

Edwards Appoints New Marketing Manager

The appointment of Mr. Robe C. Short to the position of marke ing manager of Edwards of Cana Limited was announced recently Edwards president R. H. Andrew

Mr. Short served overseas du ing the last war with the Roy Canadian Artillery. He obtain his B.Sc. from the University Toronto, and joined Packard Ele tric Company Limited in 1949 a sales engineer. Since 1958 has been Ontario district sal manager for Ferranti-Packa Electric Limited. He is a membe of the American Institute of Elec trical Engineers and the Associa tion of Professional Engineers o the Province of Ontario.

R. C. Short

Mr. Short brings to Edward a strong sales management back ground in the Canadian electrica industry. He assumed his new duties on August 1st at the Com pany's Canadian Head Office i Owen Sound, Ontario.

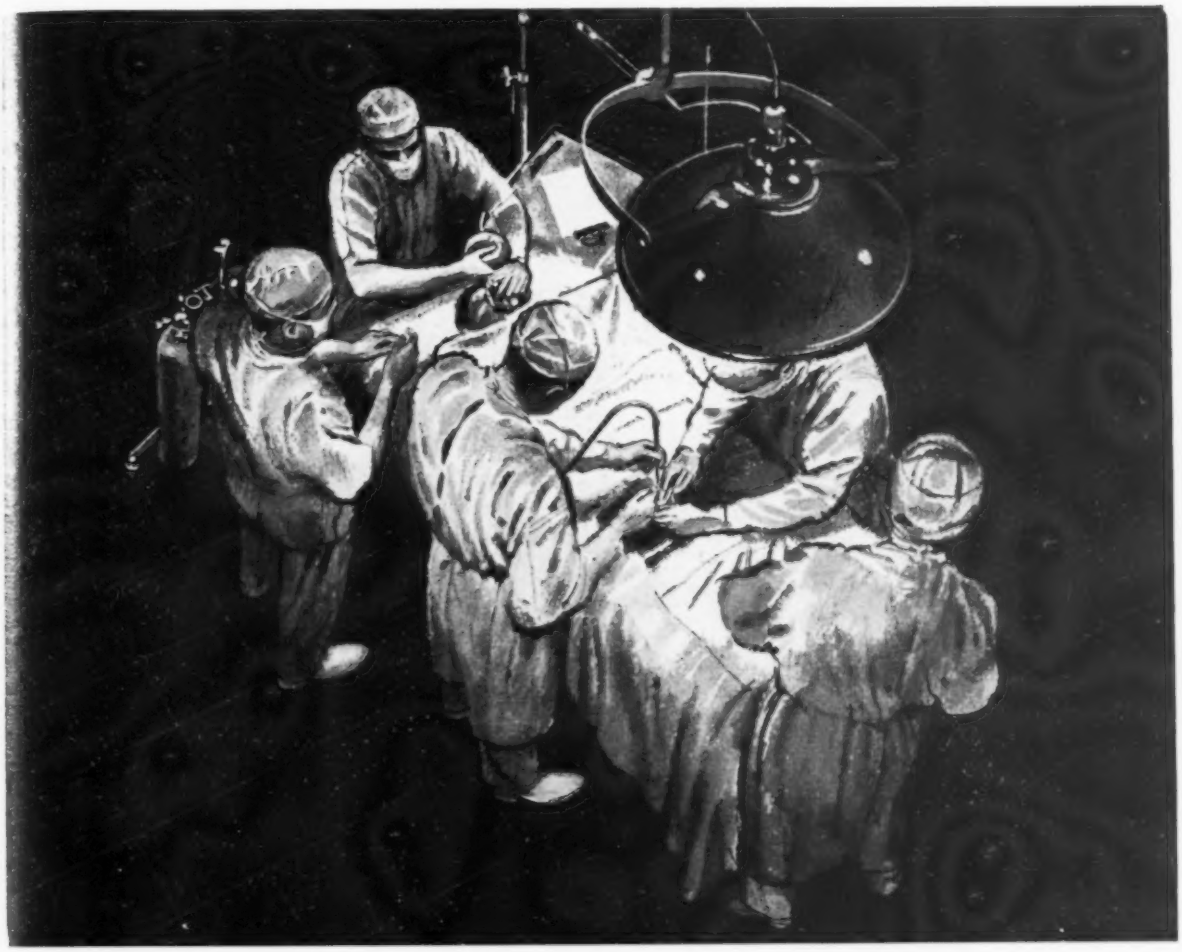
Dr. R. W. Lauener Receives Award

Dr. R. J. Slater, president The Canadian Society for Clinic Investigation, announces that D Roland Wm. Lauener of Vancouve has been awarded The Scherin Medical Research Fellowship f 1960.

The fellowship, which is spo sored by Schering Corporatio Ltd., is awarded annually by th Society to support the researc

(continued on page 134)

Hospital safe floor!



It's GERM-PROOF . . . STATIC-PROOF!

Germ-Proof Amtico Conductive Vinyl Tile makes the safest hospital floor in all the world!

It dramatically slashes the tragic accident potential of electro-static discharge in operating rooms, anaesthetizing areas, delivery rooms. It has the Underwriters Laboratories approval, fully meets the requirements of the National Board of Fire Underwriters and the National Fire Protection Association.

What's more, Amti-Septic® — exclusive permanent antiseptic—impregnates Amtico Conductive Vinyl Tile. Amti-Septic kills or inhibits on contact gram-negative and gram-positive bacteria and spore formers under the gram-negative class. Staphylococcus aureus is among these and Amtico Conductive Vinyl is a potent germ-proof ally in battling this deadly bacterial menace.

Simple buffing and mopping keep Amtico Conductive Vinyl Tile bright and smart in all four terrazzo design color combinations. This comfortable flooring takes years of hardest wear and muffles noise. Other attractive designs round out Amtico's *complete* vinyl flooring line, which includes famous Renaissance®, as well as color coordinated Terrazzo Design, Plain and Marbleized Colors.

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Rush me FREE samples and information on Amtico Conductive Vinyl Tile.

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Hospital .....
Address .....
City Zone Prov.

Personals

(concluded from page 132)

efforts of one of its members. This year's recipient will be working in the Department of Medicine, University of British Columbia, on assay methods of thyroid stimulating hormone, a project presently being investigated under the direction of Dr. H. W. McIntosh.

A graduate in Medicine from the University of British Columbia, Dr. Lauener did his internship at the Hamilton General Hospital in Hamilton and the Westminster Hospital, London, Ontario. In 1959 he was awarded a fellowship in Cardiology and worked under Dr. John A. Osborne, Assistant Director of the Heart Station, Vancouver General Hospital.

A native of Trail, B.C., Dr. Lauener is married and resides in Vancouver.

Canadian Surgical Equipment Representative

Mr. B. C. (Sam) Hollingshead is now located in his new office at 100 Adelaide St. E., Toronto.

Mr. Hollingshead, who for over 30 years worked for some of the major surgical supply houses in Canada, is Canadian representative for the following well-known manufacturers:

B. C. Hollingshead

The W. A. Baum Co. Inc. of Copiague, N.Y. the originators and manufacturers of blood pressure apparatus.

J. Sklar Mfg. Co., Long Island City, New York, manufacturers of quality stainless steel surgical instruments and suction pressure apparatus.

The Kidde Manufacturing Co. Inc. (Medical Division), Bloomfield, New Jersey, manufactures the well known tubal insufflator which utilizes carbon dioxide as a safe means of diagnosing occluded fallopian tubes and the Kidde-Robbins automatically regulated operating room tourniquet.

Cally and Currier Co. of Bristol, N. H. are manufacturers since 1880 of fine wooden crutches.

The products of all these manufacturers are available from selected Canadian surgical dealers.

Hall Heads Hospital Supply Corporation

The election of Hugh B. Hall as president of American Hospital Supply Corporation (Canada) Ltd., a wholly owned subsidiary of AHSC, was announced recently by AHSC's president Thomas G. Murdough, Evanston, Ill.

Hugh B. Hall

Mr. Hall will continue as president of Canadian Laboratory Supplies Ltd., Toronto. He will direct AHSC's entire Canadian operation, which comprises a twin-prong merchandising programme to hospitals and laboratories.

American's hospital supply arm is the Fisher & Burpe division acquired last year by AHSC. Canlab, whose merger with AHSC was recently completed, supplies industrial, government and clinical laboratories across Canada.

Canadian Division Manager For C. R. Bard

Roland F. Simons, director of marketing for C. R. Bard, Inc., announces the appointment of Henry Enns, of Port Credit, Ontario, as manager of the company's Canadian Division to supervise expanded detailing of Bard products.

Mr. Enns, who has represented Bard in Canada for over six years, will direct all Bard sales activities in his area from the Port Credit base. He will work closely with recently appointed sales representatives assigned to the territory, and report directly to John V. Berdan, director of sales.

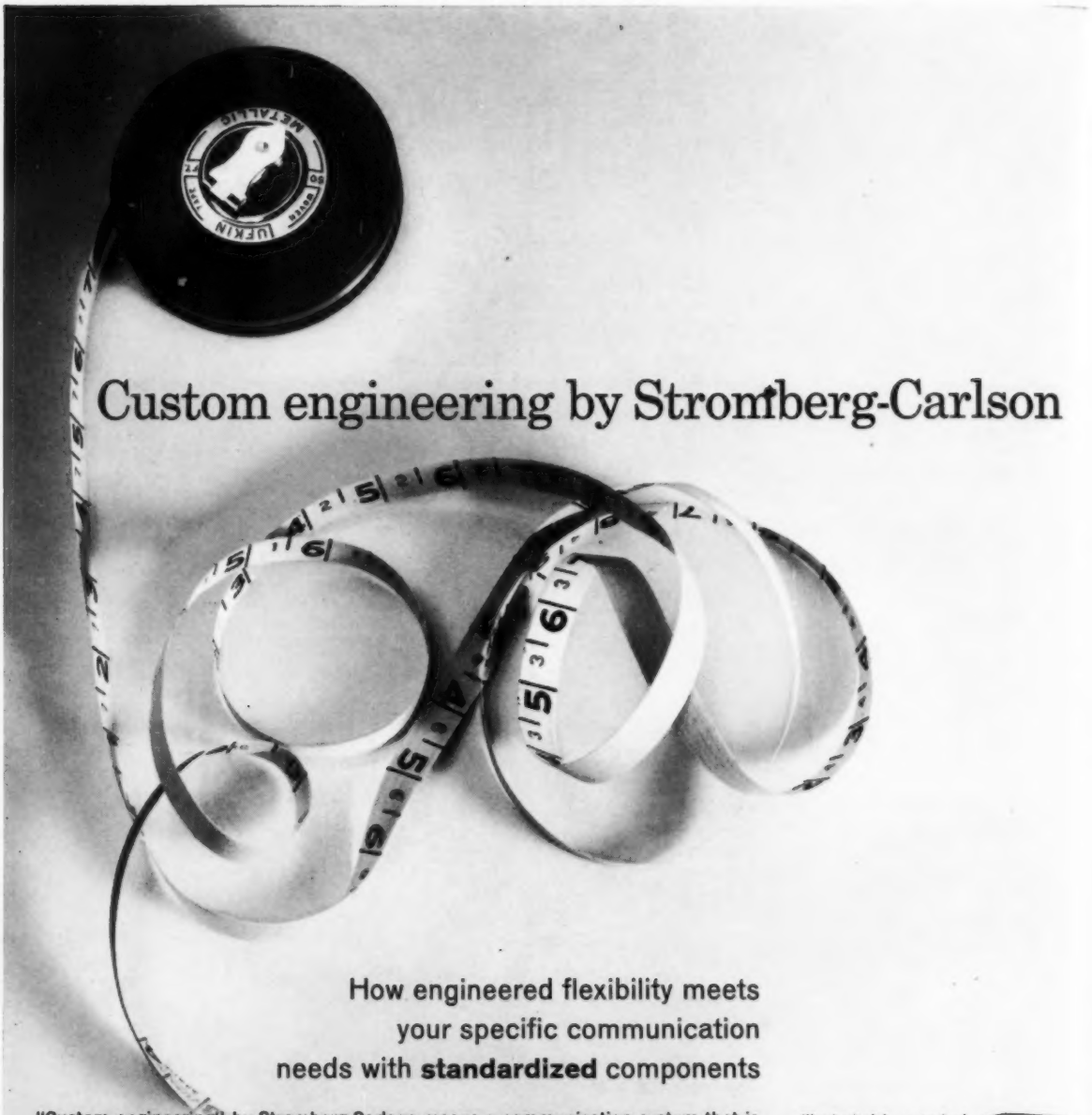
Henry Enns

Appointment at Cutter Laboratories

Cutter Laboratories have announced the appointment of Lou Jurado, creative supervisor for Cutter hospital products domestically, to the position of advertising and sales promotion manager for the company's International division.

Lou Jurado

Mr. Jurado brings to his new post 11 years of advertising, sales and managerial experience with Cutter Laboratories. Joining the company in 1949, Mr. Jurado was assigned as export sales correspondent in the company's home offices in Berkeley. Some two years later he moved to Calgary, Alberta where he was named as the district's office manager. In 1954 he returned to Berkeley.



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"Custom engineering" by Stromberg-Carlson means a communication system that is ideally suited to your specific application—without the maintenance and service problems that can accompany custom-made equipment.

Each Stromberg-Carlson system is composed of **standardized** components—the basic building blocks—and is fashioned by customized application engineering to meet the requirements of your plant. This arrangement assures the greatest possible flexibility at the lowest possible cost.

What's more, you get the reliability, minimum maintenance and minimum service requirement inherent in using proven, standard components. And you have a built-in guarantee against obsolescence, because your system can be expanded or adapted to meet changing conditions—still with **standard Stromberg-Carlson components.**

The Stromberg-Carlson distributor, an expert Communications Consultant, will be happy to discuss with you the specific needs of your plant and help you decide how a communication system by Stromberg-Carlson can best meet them. Find him in the Yellow Pages under "Public Address & Sound Equipment," or write to Special Products DIVISION, HACKBUSCH ELECTRONICS LTD., 23 PRIMROSE AVE., TORONTO 4, ONTARIO

Illustrated is a typical SS-800 "custom-engineered" paging or background music system, one of many possible customized arrangements of standard Stromberg-Carlson components.

A Dial-X® private telephone intercom system can either be "tied in" to the paging system or used independently.

Perhaps the needs of your plant can best be met by a Pagemaster® selective radio-paging system.

"Key - municator" loudspeaking intercom system is still another aid to more efficient operation.

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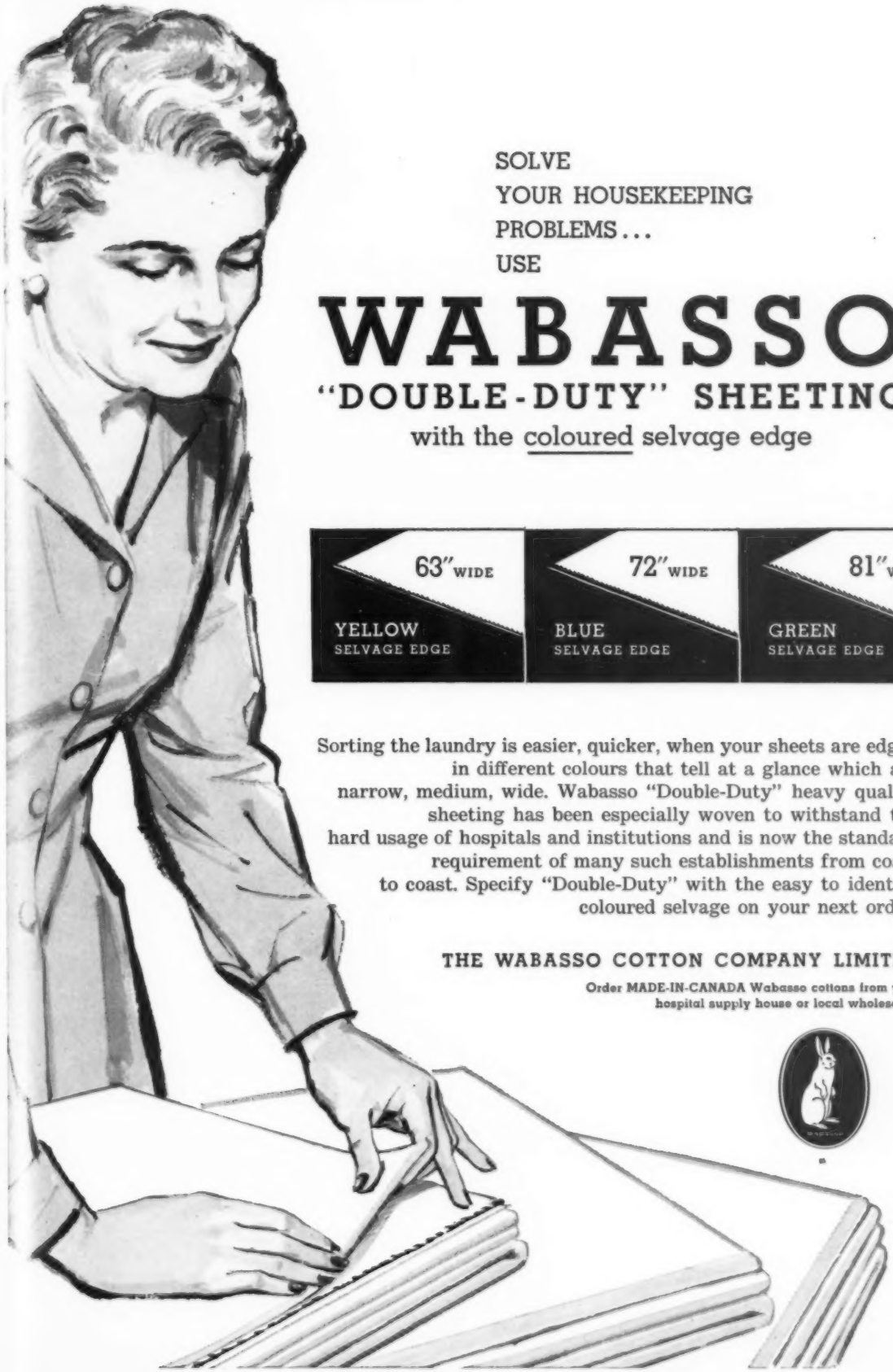

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THE WABASSO COTTON COMPANY LIMITED

Order MADE-IN-CANADA Wabasso cottons from your hospital supply house or local wholesaler.

Mutual Obligations

(concluded from page 90)

good channels of communication. Both sides should work at this diligently.

For a great variety of matters, the medical staff's contact with the Board should be through its executive officer, the administrator. But certainly there needs to be direct and frequent contact as well. The plan recommended in text books is the joint conference committee. Personally, I think that in the medium sized hospital, there should be representatives of the medical staff on the hospital board, and on its executive committee. These should be chosen by the medical staff itself and changed at intervals. They should be doctors who can speak with some authority for the medical staff and who are also prepared to give due consideration and attention to the non-medical functions of the hospital.

Accreditation

I would like to say a few words about one development which I think wraps up almost all of the requirements which a Board should expect of its medical staff. This is its keen and constant attention to the hospital's accreditation standing.

Full accreditation, to a hospital trustee, is the sure and certain sign that the hospital is performing its function properly. As a layman, the trustee cannot easily assess this. He has a right to expect that the medical staff, and in fact every person in the hospital, will give close attention to the demands of accreditation—and not just for the few weeks before the surveyors' visit is expected. I hope the time will come when the accreditation inspections will not be as hurried as they are now; it seems to me they should take the best part of a week. In particular, I would hope to see a great deal more time available for the medical audit portion of the program.

The medical audit is apt to be like any other audit; it is only as good as the accounting work which preceded it. In other words, the records must be there, and they must be carefully prepared.

This is why I think that the medical staff has a prime responsibility to the Board to police its own members in respect to charts. Complete and well-written medical histories are essential not just because you are unlikely to receive accreditation without it. They are essential to good medical audit.

May I end this rather rambling and incomplete dissertation with a quotation which I think summarizes this relationship well. It is from a book called *The Medical Staff in the Hospital* by Thomas H. Ponton, B.A., M.D.

"In granting and accepting appointment to the medical staff there is no favour conferred on either side. Conditions of modern medicine are such that the physician must have a hospital in which he may practice, on the other hand, the hospital cannot exist without its medical staff. Both the hospital and the physician are uniting for a common purpose, the alleviation of human suffering and the restoration of health. Neither the physician nor the hospital can function to the best advantage without the other. There is a mutual partnership in which each party to the agreement assumes definite obligations to the other and to the community which both are serving. There is a responsibility to the public which cannot be denied."

Learn Carpet 'Jargon'

Brush up on your carpet vocabulary before buying. Here are some words you should know:

Backing: the underside of carpeting that locks the pile yarns in position.

Broadloom: any carpet woven on a loom wider than six feet.

Cut Pile: pile yarns on the face of the carpet that have been cut.

Denier: a measurement of the size and weight of an individual fiber.

Fiber: individual strands which, when spun together, make yarn.

Continuous Filament: unbroken or uncut yarn in which all strands are the same length. In continuous filament nylon, the sturdy uncut fibers do not pill (or form little balls of fiber).

Filling Yarn: yarns which run across the carpet and secure the pile tufts to the backing yarns.

Frieze Yarn: tightly twisted yarn that gives a nubby look to the face of a carpet.

Grin: a condition in which the carpet backing can be seen through the rows of pile yarn.

Heat Set: a term to describe a yarn that has been permanently twisted by the application of high heat and moisture.

Jacquard: sometimes used interchangeably with Wilton to describe this weave—after Joseph M. Jacquard, the inventor of the Wilton loom's Jacquard mechanism, a chain of punched cards atop the loom that selects yarns to form a pattern.

Jute: a vegetable fiber imported from India, used in carpet backing.

Loop Pile: looped yarns on the face of a carpet that have not been sheared or cut.

Moresque: two or more different colours or tones of yarn spun together into one yarn.

Piece Dyeing: a carpet-dyeing process in which the entire carpet is dipped into a colour bath after it is manufactured. Also called dip dyeing.

Pile: tufts of yarn comprising the face of the carpet. Pile height is measured from the top of backing to top of the yarn.

Resilience: the ability of carpeting to return to its original thickness and shape after it's been crushed or matted down, the feeling of "bounce" underfoot. Too much resilience can result from too thick a cushion.

Skein Dyeing: yarn dyed by immersion into kettles before a carpet is constructed.

Solution Dyeing: a process by which man-made fibers are dyed in liquid form before they solidify. Also called dope dyeing.

Staple: fibers in their natural state before they are spun into yarn.

Stock Dyeing: a method of dyeing natural raw fiber before it's spun into yarn.

Shading: different light reflections created when light falls on carpet pile which is not in the same position.

Sprouting: extra long pile tufts in a carpet. They should be sheared off evenly, not pulled out. This is normal in almost all new carpeting.

Shedding: also referred to as fluffing, this condition occurs in cut pile carpets when loose fibers fall into the pile and remain.

Twist: the direction and/or shape given to a yarn to produce a twisted texture effect.

Twist Set: yarn that has been permanently twisted by application of dry high heat.

Warp: the lengthwise yarn in a carpet. Pile yarns in a woven carpet run warpwise.

Weft or Woof: the yarn running across the width of the carpet to lock in the warp yarns. In tufted carpet, the pile yarns run weftwise.—*Institutions, May, 196*

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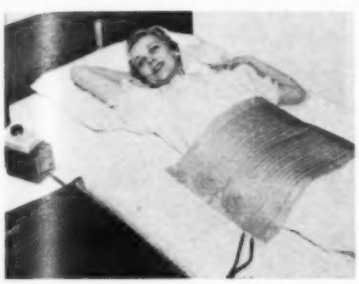
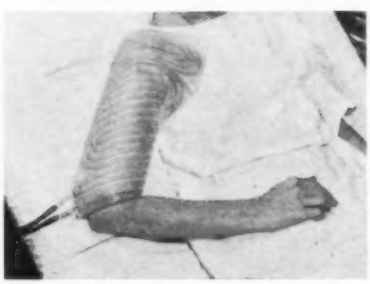
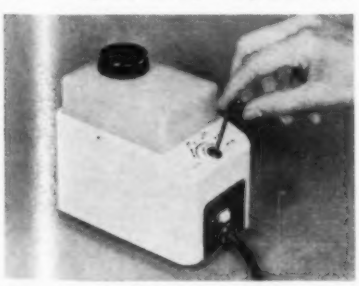


Automatic "Hot Water Bottle" — The right heat, accurate to within 1°F., hour after hour, day after day, even week after week! A flexible vinyl pad with sealed channels and a control unit which circulates water at prescribed temperatures.

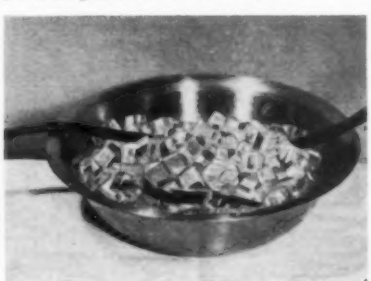


For Sprains, Bruises, Bursitis, Arthritis — Easily laced into place, light weight, flexible. The Pad is securely and comfortably in place. Fits the body's contours without hampering patients movements.

Moist Heat for Inflammations — Comfortable, light in weight, not bulky. Evaporation reduced by constant and uniform heat. Checking of hot compresses reduced to a one-in-six-hour procedure. For phlebitis, arthritis and similar ailments.



Bedside Control Unit — Sensitive thermostat, illuminated temperature dial. Sealed heating element. Hermetically sealed, whisper-quiet pump. Off-on switch. Removable selector key. One-pint, clear plastic reservoir.



For Cooling Applications, Too — Room temperature: set dial at "cool", effects moderate cooling. Sub-room temperatures: set dial at "cool"; coil tubing in basin of ice; provides rapid cooling.

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With the Auxiliaries

The Volunteer Under the Provincial Plans

Helen Guiton,
Montreal, Que.

THE National Council of Hospital Auxiliaries represents upward of 90,000 women, all the way from British Columbia to Newfoundland, who have raised in a year over one and a quarter million dollars, which was expended in services and equipment for Canadian hospitals. In addition to this organization, there are many other women similarly engaged and whose services are equally valuable, but who may not be organized under any particular group.

While hospitals will be assured of a certain income under the hospital insurance plans and will be relieved of a great proportion of uncollectable bills, they still will not have all the money at their disposal which they would like to use for research, for extension of services, for the purchase of more modern equipment or to pay for the supplementary services now being performed by volunteers.

No known hospital has ever had enough money to do all it wants to, for its wants are limitless. The more it has, the more it can improve its services to patients. A hospital does not remain static. If it does not go forward from the material, the scientific and the administrative point of view, then it will slip back and will fail to keep up with modern trends.

What do volunteer workers do with the time and the money which they expend on behalf of their hospitals?

These volunteers man the gift shops, the snack bars and the canteens, as well as the patients' libraries which tour the wards.

They provide helpers for clerical work, clinics, out-patient departments; for occupational therapy, physio-therapy, hydro-therapy and social service departments.

They supply and repair hospital linen.

They supply and supplement hospital and surgical equipment; furnishings for wards, waiting-rooms and nurses' quarters.

They launch campaigns for fund raising for new buildings; for repairs and extensions to existing buildings.

They offer bursaries and scholarships to high school students wishing to train as nurses; and to graduate nurses who wish to take post-graduate studies in psychiatry, public health, administration, et cetera. And they give bursaries for post-graduate study in medical social work.

In fact, there is hardly a department of any hospital where the results of their services may not be seen.

There is no doubt that hospital insurance will bring to the hospitals many people who hitherto, for economic reasons, had not come for treatment. While these will be provided for on a per capita basis, there are still added wear and tear on plant and equipment to be taken into consideration.

Again, in any hospital, there are tasks which must be performed but which could be as well carried out by a volunteer as by a member of the professional staff. While a volunteer can never supplant the professional, nor does she wish to do so, she can supplement her work and relieve her of tasks which are merely routine and do not require trained techniques.

The volunteer has another rôle to play and one which is open to her alone. She can act as an interpreter of the hospital to the community. No one better than she can tell, at first hand, the hospital story. Her statements will be convincing for she will speak where-of she knows. If she were not convinced of the need for the work she would not be doing it.

Our hospitals and our health services are not mere machines into one end of which money is poured and from the other end of which we extract the requisite amount of medical and scientific services. Rather they must be administered, and not by remote control, but by vital, active, interested persons who will see to it that, first, the money received from the government is put to the best possible use and, second, that such services and financial support are voluntarily contributed as will allow the hospital to expand and to fulfill the purpose for which it was intended.

Experience, in the testimony of the Commissioner of the British Columbia Health Insurance Service, gives, us, if we still need it, an added argument in favour of the need for the volunteer: "You will be interested to know," he said, "that the activities and fund-raising campaigns of Women's Hospital Auxiliaries in British Columbia have a good deal more than doubled during the less than ten years that the Hospital Insurance Service has been in operation."

Take away the volunteer and the hospital will not fall down. It will even continue to function. But it will function inadequately, for the professional staff will be deprived of much intelligent, willing assistance, and the patient of much comfort and happiness.

It is not reasonable to suppose that any government, no matter how willing or how wealthy, could afford to pay to have the duties performed which the volunteer now does free of charge.

And if they could, neither governments nor money could ever replace the spirit of service which the dedicated volunteer brings to her task. ■

Excerpts from a paper given at the Fifth Biennial Convention of the National Council of Hospital Auxiliaries of Canada.

Gift to India

The National Council of Hospital Auxiliaries of Canada sends annually to India a gift of $20[illegible], which is to be used for drugs for tuberculosis patients there. A letter of thanks was received from Rajkumari Amrit Kaur, president of the India Tuberculosis Association: "How can I thank you and the National Council for all your continued help to me as President of the Tuberculosis Association of India? . . . You do not know

how much even the tiniest gift means to us who are straining every nerve to help our poor tuberculosis patients. The disease is a veritable menace to us still."

Patients Entertained

Four bus rides during the month of August were enjoyed by more than 200 patients of Ontario Hospital, Kingston, Ont. The rides took in about 40 miles of scenic highway and were arranged by the Ontario Hospital Women's Auxiliary and two anonymous friends. Summer bus rides for patients have become a popular event in recent years.

Hospital WA Holds Tea to Honour Nurse Students

Four nursing students were honoured by members of the New Mt. Sinai Hospital Women's Auxiliary, Toronto, Ont., at the group's annual nurses' bursary tea. To further education for young women in nursing service at the hospital, the Women's Auxiliary has established a special grant for the annual awards made on the recommendation of Ella M. Howard, director of nursing. Two of the students received the Rose Torno bursaries set up in honour of the Women's Auxiliary's founder-president.

Three of the students are enrolled in the University of Toronto School of Nursing and one has been accepted in the public Health Nursing course at the University of Western Ontario in London, Ont.

Co-Op Guild Gives Hospital Aid $100

The ladies of the Hudson Bay Co-Op Guild made a cash donation of $100 to the ladies of the Hudson Bay Union Hospital Guild, Hudson Bay, Sask., at a meeting held in the Legion Hall on July 21. The donation goes towards an $800 electrocardiograph to be purchased this fall. The Hospital Guild has already collected more than half of the cost of the machine.

Elderly in Other Lands Given New Attention

A panel discussion on Aging Around the World by specialists in the field of gerontology was the highlight of the opening fall meeting of the Women's Auxiliary, Jewish Home for the Aged and Baycrest Hospital, Toronto, Ont.

It was reported that in Holland cottages and small housing units have been established for the aged

who are an integral and vital part of the community life. Israel, because of its specific needs, has developed a specialized type of geriatric program. Here, residents of institutions move about and are integrated in the community through Golden Age Clubs and other activities. Another panelist, discussing aging in England, stressed the importance of non-segregation of older members of the community as the factor in keeping the vitality and youth of its older citizens.

Hospital Auxiliary Has Many Uses for Penny Sale Profits

The feature attraction of this year's popular penny sale held by the Women's Auxiliary of the Woodstock General Hospital, Woodstock, Ont., was a large fishpond to provide amusement for the children.

In the past, funds raised by such projects as the penny sale have helped to equip and furnish a new nursery, establish a beautiful chapel and a gift shop, and provide equipment such as table lamps for the hospital. The members of the Auxiliary are particularly happy to have been able to create "a home away from home" for the student nurses, not only by providing them with such modern conveniences as automatic washers and dryers, but also by planning their recreation throughout the entire year.

Are Hospital Guilds Necessary?

Often the question has been asked, "Why is a Hospital Guild necessary?

To meet this challenge the Kipling Hospital Guild, Kipling, Sask., appointed a committee from its members to list some of the noteworthy achievements of the Guild since 1947. It was formed at that time by a group of interested women to help alleviate some of the difficulties the newly constructed Kipling Memorial Union Hospital was undergoing.

The first problem to be solved was the shortage of linen supply. The members of the newly formed Guild quickly rallied together to make hundreds of gowns, towels, baby blankets, drapes, et cetera. Next, the newly recruited members turned their attention to the washing of floors, windows and utensils. The hospital, thanks to the ladies of the Guild, was then ready to throw its doors open to the first patients.

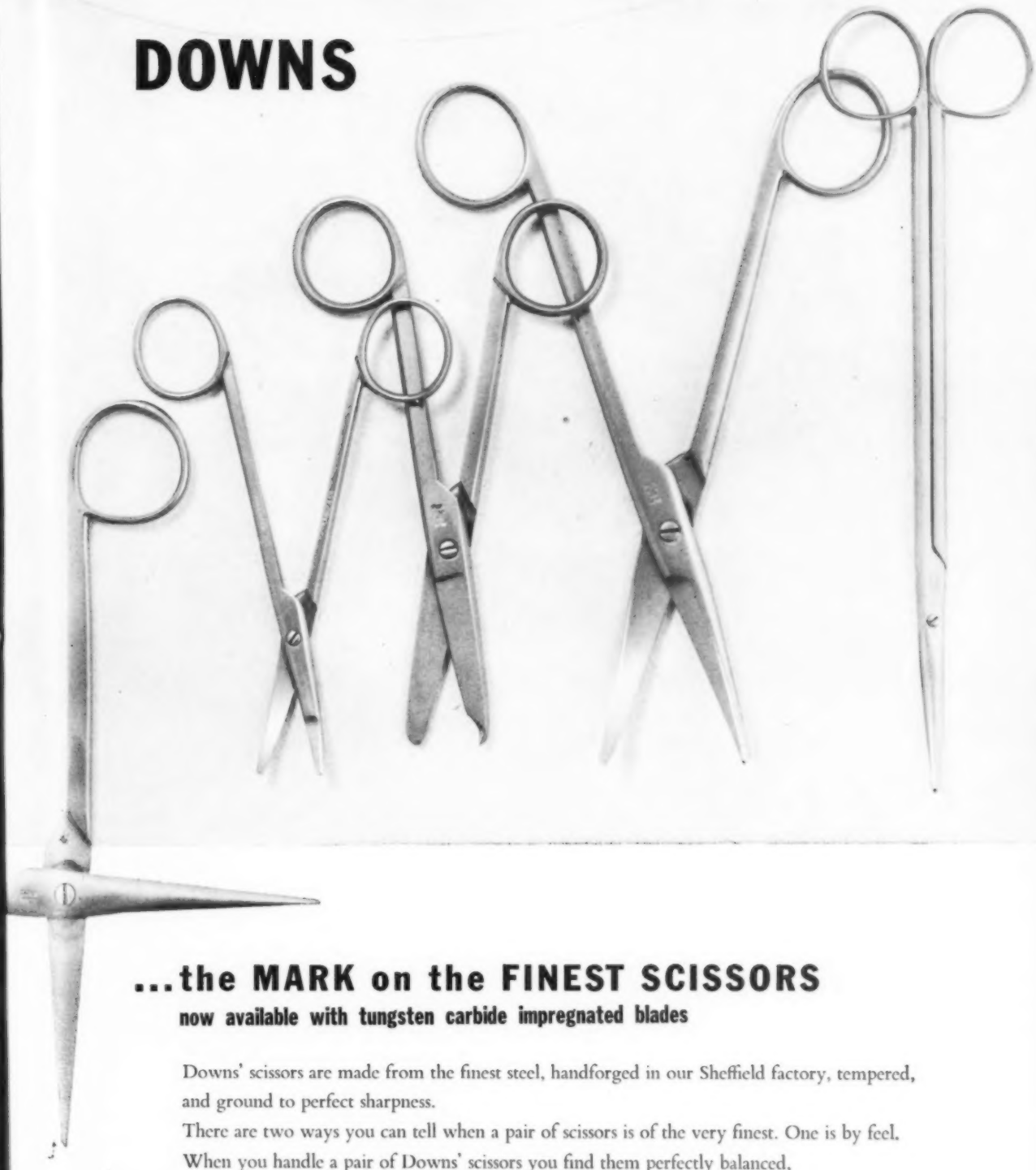
Ever since the opening of the hospital, the Guild has always had some money-raising project on the go in order to assist in any way possible. Some of these money-making events have become annual affairs in the community. Up to date, nearly $6,000 has been spent by the Guild to buy hospital equipment.

Personal contact with staff and patients is not forgotten. Each year gifts are presented to the first baby, to twins, and also to the youngest and oldest patient on Hospital Day. A turn is taken with other organizations in visiting all patients and bringing them treats. A daily newspaper and weekly magazine for patients and staff, and special Christmas favours and games are also provided.

Donations are given and canvasses sponsored annually for such organizations as the C.N.I.B., Arthritis Society and Mental Health. The members always assist the blood-donor clinics.

The above report is just a brief outline of the Guild's work in the past twelve years and a more detailed report is being compiled

DOWNS



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Downs' scissors are made from the finest steel, handforged in our Sheffield factory, tempered, and ground to perfect sharpness.

There are two ways you can tell when a pair of scissors is of the very finest. One is by feel. When you handle a pair of Downs' scissors you find them perfectly balanced, and their cut even and steady.

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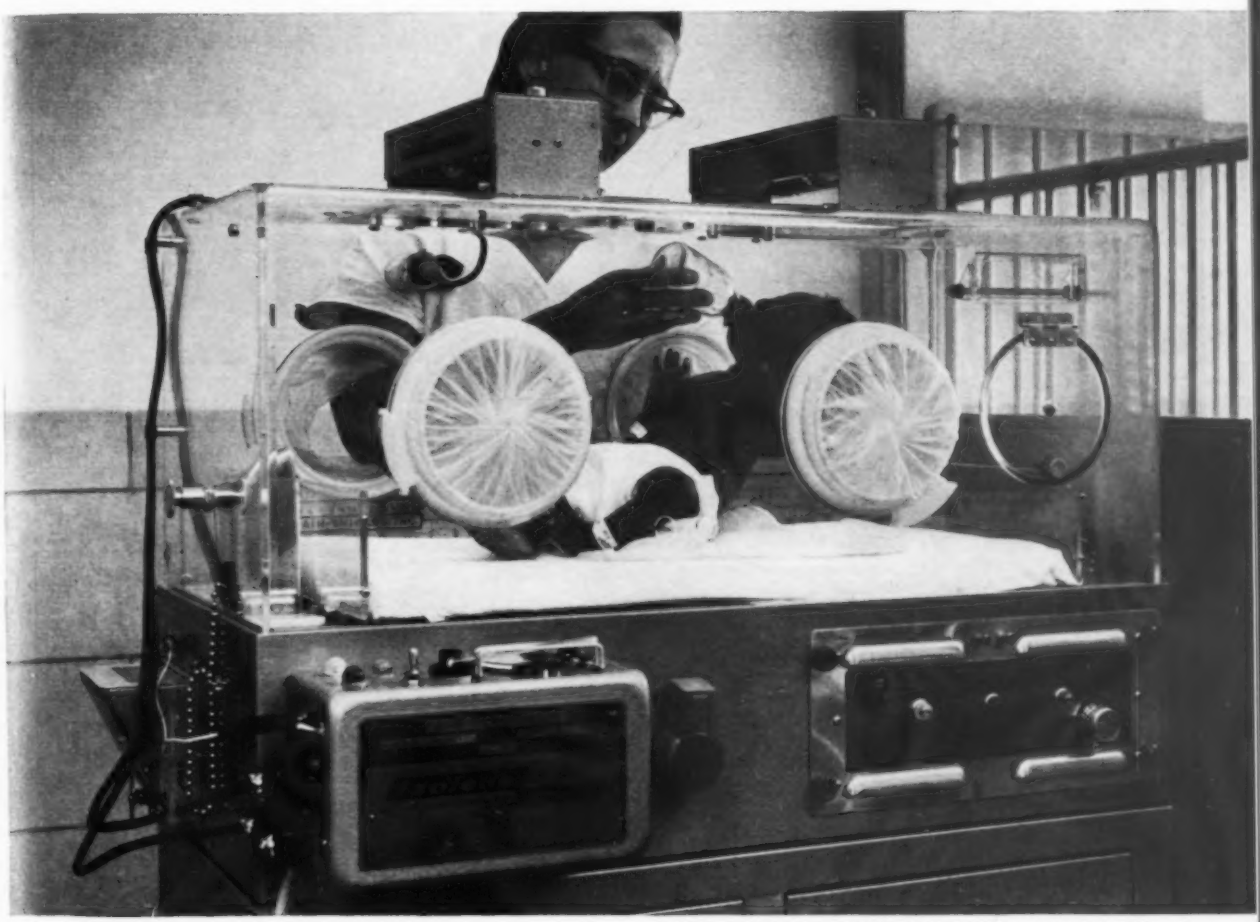
Now, for the first time . . .

the premature infant can maintain his own constant body temperature indefinitely . . . the new

Infant Servo-Controller for the Isolette®

provides automatic body-temperature control until the natural thermoregulatory mechanism can mature and take over



See the new INFANT SERVO-CONTROLLER at booth No. 104 during the Ontario Hospital Convention

With the new INFANT SERVO-CONTROLLER for the ISOLETTE® the premature infant acts as his own thermostat. Changes in the baby's skin temperature control the on-off cycling of low-intensity infra-red lamps thus providing—

- **gentle, radiant heat** when demanded by a fall in the infant's skin temperature.
- **minute-to-minute, stable control** of even the tiniest infant's body temperature at any preset level within ±0.5°F.
- **utmost safety**—instantaneous response to the temperature-sensing element, taped to the baby's abdomen, turns off the lamps the moment the preset body temperature is reached.

An electronic safety thermostat provides an additional safeguard to protect the infant. As soon as the body temperature rises above the preset point, this secondary heat-sensing element turns off the lamps, sounds a buzzer and lights a red warning lamp.

The new INFANT SERVO-CONTROLLER is easy to operate. It can be factory-adapted to any ISOLETTE incubator, or you may purchase the new model C-77 ISOLETTE with the INFANT SERVO-CONTROLLER already in place.

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Leaders in electronic research and engineering to serve medicine

The **Isolette** incubator alone continues to provide optimal isolation and precise, constant, fully-automatic control of temperature, humidity and oxygen—factors vital for survival of premature infants.

Hospital Associations
(continued from page 86)

of the patient and the public. If the committee or board is to be broadly representative of the membership, then the members have to travel—sometimes for quite long distances.

A second major function of hospital associations is that of providing centralized services to its membership. This is a co-operative plan for purchasing those services that are too costly for the individual hospital to provide for itself. Holding institutes is an example whereby a pooling of effort in a training program makes a worthwhile project possible.

The average Canadian hospital is not large enough to warrant the employment of administrative staff specialists in all departments. These hospitals hence look to their provincial and national hospital associations for advice in these areas and to provide many diverse educational activities; and the development of news letters, hospital journals, and specialized manuals.

A third function of hospital associations is in the realm of public service. I would place in this category the support of the accreditation program.

For Strength

In Canada today we in the hospital field need to strengthen our hospital associations, regionally, provincially and nationally. We have reached the time when we cannot afford to do this in a leisurely fashion. The time for action is now. What are the ingredients necessary to make them strong and healthy?

1. Today no hospital, no matter how large or small can afford to live unto itself. Each hospital should for its own future and for the good of all be a member of its local association. This implies more than the payment of an annual assessment. Your association, if it is to remain strong, if it is to do the job for you which these days require, needs your active support and your active guidance. When you are asked to serve on a committee, or on the board of directors, to speak at a convention or institute, put your weight to the wheel and contribute to the program. When you attend meetings, do not sit back and merely absorb like a sponge, but give the meeting the benefit of your own experience during discussion periods. Between meetings, when an idea occurs to you which may benefit your association, write your program chairman, your committee chairman, your secretariat or your president.

2. Remember that the most important phase of your annual meeting is the business session. It is here that the policy of your association is decided. See that you take part. It is your association. It can progress only as its members speak what is on their minds, and state explicitly what they wish the association to do. If you remain silent and do not agree, you do a disservice to yourself, your hospital and your association.

3. If you consider it is in the interests of the members to expand the work of the association in any particular direction, and if this is the wish of the majority, then you

(concluded on page 148)

Canadian Hospital

The Canadian Hospital is published monthly by the Canadian Hospital Association as its official journal devoted to the hospital field across Canada.

The subscription rate in Canada, U.S.A., and Great Britain is $3.00 per year. The rate for each additional subscription to hospitals or organizations having a regular subscription (and personal subscription for individuals directly associated wth them) is $1.50 per year. The rate to other countries is $3.50 per year. Single copies when available, are supplied at 50c each.

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Please enter subscription to *The Canadian Hospital* for one year as indicated below.

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Position .....

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Payment enclosed $.....

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Hospital Associations
(concluded from page 146)

will have to be prepared to suppor the work with an adequate finan cial contribution.

In summary, if you agree wit me that these days call for an i creasing effort on the part of ou hospital associations at provinci and national levels, if you wa healthy associations to help yo then first we need a full membe ship, an active membership, and membership prepared to give ad quate financial support for the j to be done. ■

Hospital for the Chronically Ill

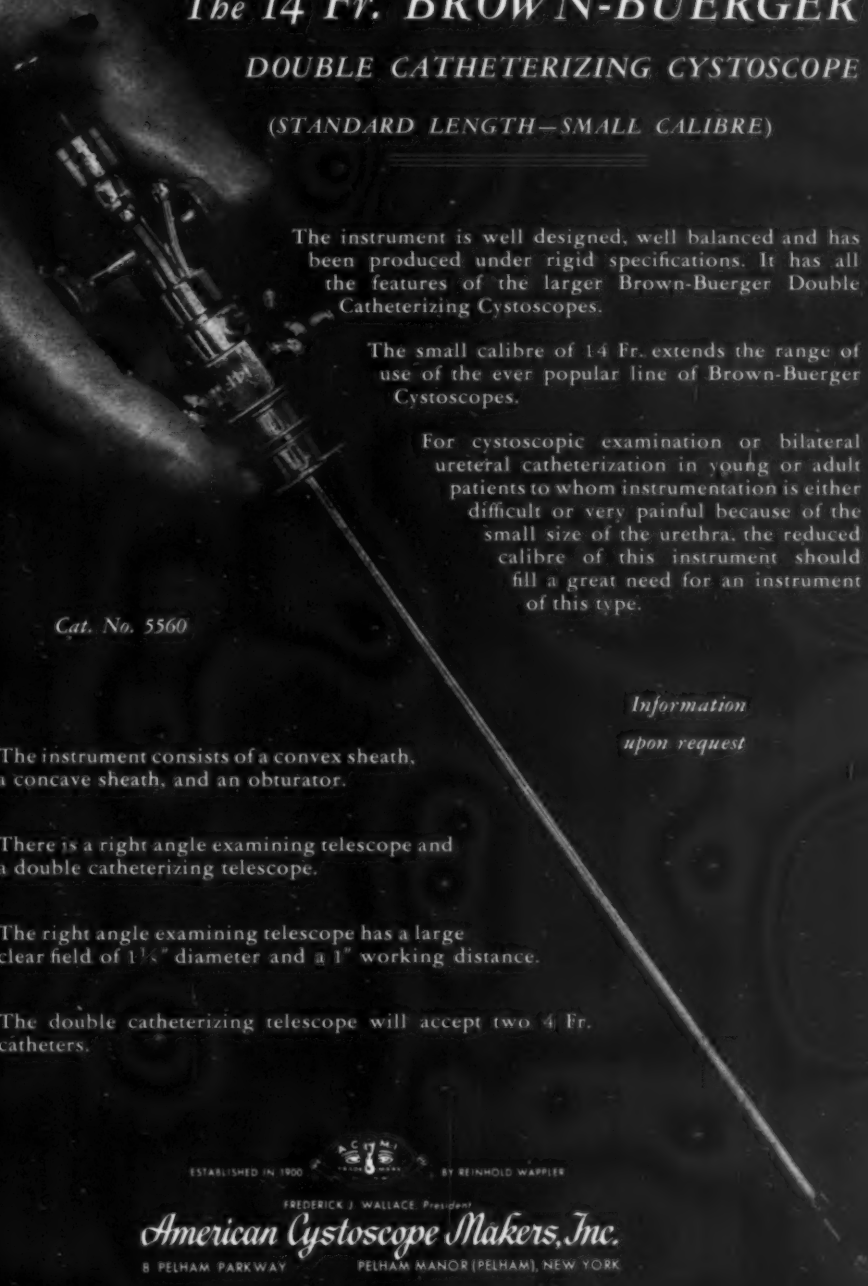
Construction will soon start o a new 808-bed $5,300,000 Rive dale Hospital to provide treatme and care for chronically ill perso of all ages. The eight-storey muni ipal hospital will be built on th site of the present Riverdale Ho pital. The hospital is planned to b finished in two years time and i will be one of Toronto's larger hos pitals. The project will be finance through a partnership arrange ment involving Metropolitan To ronto, and the federal and pro vincial governments.

Now!!!

The 14 Fr. BROWN-BUERGER

DOUBLE CATHETERIZING CYSTOSCOPE

(STANDARD LENGTH—SMALL CALIBRE)



The instrument is well designed, well balanced and has been produced under rigid specifications. It has all the features of the larger Brown-Buerger Double Catheterizing Cystoscopes.

The small calibre of 14 Fr. extends the range of use of the ever popular line of Brown-Buerger Cystoscopes.

For cystoscopic examination or bilateral ureteral catheterization in young or adult patients to whom instrumentation is either difficult or very painful because of the small size of the urethra, the reduced calibre of this instrument should fill a great need for an instrument of this type.

Cat. No. 5560

Information upon request

The instrument consists of a convex sheath, a concave sheath, and an obturator.

There is a right angle examining telescope and a double catheterizing telescope.

The right angle examining telescope has a large clear field of 1 1/8" diameter and a 1" working distance.

The double catheterizing telescope will accept two 4 Fr. catheters.

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Operating Room Lights

(continued from page 51)

be cleaned, checked and adjusted as necessary on a regular schedule. For example, commutators should be cleaned with fine sandpaper as shown in *Figure 1*. Contacts which slide along the rail, when accessible, should be given the same treatment. However, dust seals should never be broken merely to give a routine cleaning to contacts. The result may be worse than if no cleaning was done. Also, on some types of lights the commutators are self-cleaning and should not be touched. Emery cloth should never be used since emery is a conductor, and the particles which fall from the cloth may short out or ground parts of the circuit.

One very important consideration in surgical lighting is that an operating room light should stay in whatever position it is placed. This accurate positioning depends on two factors which are well within the control of the hospital maintenance engineer. First, the light must be level. A good installation job will assure that the light is level; however, any settling of the building or flexing of the ceiling may subsequently result in an unlevel condition. Therefore, if the light has a tendency to drift, leveling should be checked first. Most lights are leveled against the ceiling plate fastened firmly to the ceiling structure. Leveling can be accomplished by adjusting the nuts which fasten the leveling plate to the ceiling plate using proper care. In many cases the ceiling structure is not strong enough to support the weight of the light in its full extended position, and deflection of the ceiling may occur. If this happens, the only remedy is to reinforce the ceiling structure. Examples of methods of mounting the leveling plate are shown in *Figure 3*.

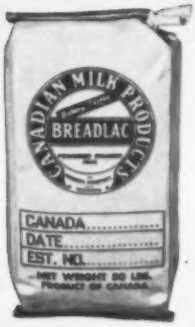
Every good O.R. light has friction adjustments which can be used to inhibit the tendency of the light to drift. These adjustments should not be used to try to correct a light that is out of level or has a worn or badly adjusted cam. They are designed solely to provide sufficient friction to prevent the light from moving after it has been correctly leveled. Also, when adjusting the friction device, care should be taken to be sure tha the adjustment is being made t the correct part. For example, ce tain lights have yokes which do n have friction adjustments. Th friction adjustment is elsewher Tightening of the yoke mountin screws will tend to break the yo without increasing friction on t rotating parts. When in doul consult the manufacturer.

A routine check of the mounti of the light and suspension tu is extremely important. So mountings are locked in place roll pins, and others by set screw If roll pins are used, it is on necessary to establish that th are in the proper place. Howeve set screws must be carefu checked to assure that they a tight and also that they are tigh ened against the correct spot the suspension tube. For exampl *Figure 2* shows how the set scre for a typical light suspension positioned in a hole drilled int the suspension tube. If this screw becomes loose, and the tube the rotates as the result of the rota tion of the light, tightening the screw, without tightening and

(continued on page 154)

Borden Guide to better food purchasing

BORDEN'S TRUMILK. Whole milk, cream and all, in handy, powdered form. Add 7 parts water to 1 part Trumilk by weight. No refrigeration needed.



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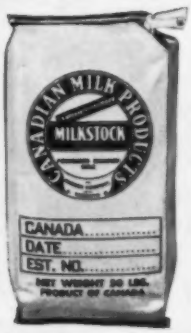

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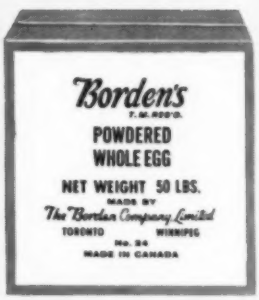

BORDEN'S DRIED WHOLE EGGS. For any recipe calling for eggs. Saves storage space, assures year-round supply. 1 lb. equals 36 fresh eggs.

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Now! Positive Control of Airborne Bacteria in Hospital Operating Rooms with the Honeywell Electronic Air Cleaner!

Operating Room Lights

(concluded from page 150)

spotting the suspension tube, lock pin or screw, may result in further rotation of the tube and subsequent falling of the light.

Any man who is responsible for maintaining an O.R. light must be familiar with each of the points in the suspension assembly which must be checked, and he must also know the correct method of checking and adjusting them.

Many O.R. lights are designed to rotate a full 360 degrees. Some types, however, are not designed to rotate through the full arc, and are therefore provided with stops. It is very important that these stops be in place, and the maintenance engineers should therefore check them at frequent intervals to be sure that they have not been broken. Many times a doctor or nurse will attempt to move the light during an operation, and, not realizing that the light will not move because of the stops, will slam it past the stops and break them off. The light will then be rotated over a period of time until the wires become twisted, and either break off, short, or ground to the metal parts of the fixture. Whenever a broken stop is discovered, therefore, the wiring should be checked carefully to assure that it has not been damaged.

A good O.R. light which is in proper adjustment, with the correct bulbs, properly cleaned, is invaluable to the operating team. A good preventive maintenance program for lights will provide the operating team with the same high quality of illumination over a period of years that was available when the light was originally purchased. ■

Purchasing Agents to Meet at O.H.A. Convention

At the Ontario Hospital Association convention (October 24 to 26), hospital purchasing agents of that province will meet for the first time as a section of the parent association. See *Canadian Hospital*, September, page 98. Preparations for the meeting have been in the hands of interim officers who are as follows: George E. Miller, P.A., National Sanitarium Association; Ivor H. Hunt, P.A., Toronto East General Hospital; and George A. L. Ross, P.A., Princess Margaret Hospital. As we go to press we have received word that 140 purchasing agents have already sent in their registration forms.

During the meeting the origin and the history of the section will be presented as well as the constitution and the by-laws. Carl A. Flath, F.A.C.H.A., editorial advisor for *Hospital Digest*, will be the guest speaker, talking on "The Importance of Good Purchasing Practice to the Hospital Administrator". A question period panel will follow with C. D. Wickende, assistant administrator of the Toronto East General Hospital as moderator and the following will be the members of the panel: H. J. Baker, purchasing agent of Hamilton General Hospitals; Garnet W. Stark, purchasing agent of Ottawa Civic Hospital; Ian Young, purchasing agent of Toronto General Hospital; and George Day, purchasing agent of South Peel Hospital.

The section will welcome every guest who wishes to attend the meeting.

YOU'VE GOT A PROBLEM IN SELECTION OF PATIENT GOWNS!

Appearances are deceiving. Unless you know the important differences in Patient Gowns, it is possible to make serious buying errors. "Plus" features may not always be obvious, but they are important to the durability and comfort qualities of the garment. It sounds difficult, and it really is!

But, every day more and more hospitals are solving the problem by consulting with an Angelica Representative. His varied experience with uniform requirements of hundreds of hospitals enables him to select the uniforms best suited to your specific needs.

For instance, should your patient gowns be made of knit material or sheeting? Should they be Redmanized? Sanforized or unsanforsized? What type back closures are best for you?

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Organize your Department

(continued from page 53)

department. This leaves your balance on hand which may be extended to balance value at any time.

Each month end, the store requisitions are totalled in their respective categories. The total figure purchased less your total figure issued gives you your inventory control as well as a comparison on your projected budget.

Standardization

In a large institution "standardization" is a money saver as well as a time saver. Years ago, some hospitals were known to have three types of linen. One for the public ward which was unbleached. A bleached set for the semi- and private rooms and an additional set for staff, nurses, and interns. This involved every article from a face cloth to a blanket and bedspread. The same situation applied to china and silverware. No explanation is necessary to have you realize the time and money involved in keeping a supply on hand, inventorying and issuing three each of individual items such as hand towels, bath towels, sheets, bedspreads, white, grey or patterned blankets, bleached and unbleached materials plus chinaware, silverware and glassware. To control such a system economically would be almost impossible. We know situations of this nature are well behind us, but it is a unique example of why standardization is a must in the purchasing field to-day.

The "ings" are evident when we total the advantages of standardizing. We cut down the quotient and buying as well as issuing and charging. The storing and laundering are reduced as well as handling. "If you stop to realize, you will start to standardize."

The receiving and shipping department naturally plays a major part in the organization of the stores department. It is a center of activity, but must be kept to one side to allow the "counter man" or head storeman to issue his supplies, in a non-congested and centralized location.

Design

It is the writer's opinion that an "L" shaped department offers the most practical and efficient operation, providing such a location is available. Shown here is a rough sketch illustrating a possible floor plan.

Bulk storage is at the far end of stores in order to keep the active area free. The shelves contain items in constant use and are handy to the counter which is located in the center of the "L". This affords fast efficient service and does not keep personnel waiting.

The main function of the office is inventory control, pricing and receiving. Please note the doorway from the canned good section. Direct shipments of equipment, housekeeping supplies, maintenance materials, et cetera, are processed to their destination through this entrance which joins the hallway, once again keeping the active area free of any congestion. Other sections are self-explanatory, completing the "L" shape.

The loading platform is at the rear of the hospital and this, too, has its purpose in that neither the patient nor the visitor is bothered, with large transports and delivery vehicles cluttering up the en-

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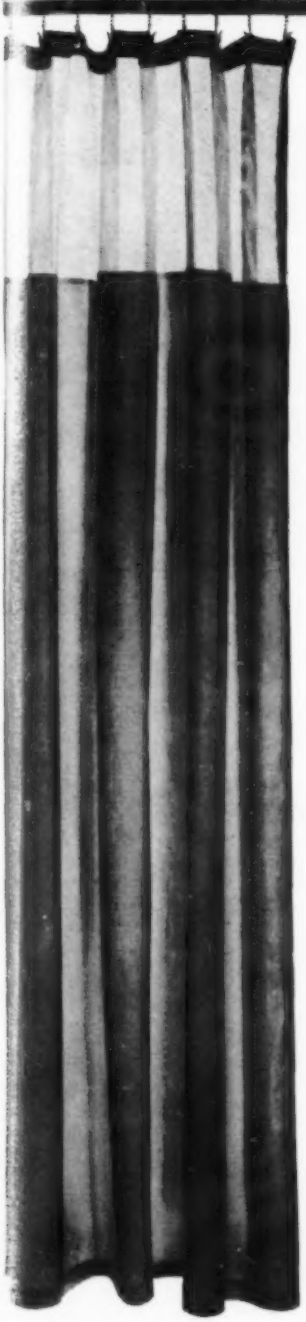

No. 19200—Includes extruded aluminum track and nylon carriers with neoprene bumper cushions. Track is pre-curved, requiring no splicers. Operation is outstanding.

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No. 19600 — Seamless 1" O.D. anodized aluminum tubing for suspended installations. Hooks with self-lubricating nylon wheels provide quiet, effortless operation.

Grant Cubicle Hardware . . . designed, engineered and produced to the exacting requirements of today's hospital. Economically priced, Grant Cubicle Hardware affords quiet, smooth, effortless operation year after year. A modern Engineering department is ready to assist you in your hardware problems. For prompt estimate simply send rough sketch or blueprints of rooms to be equipped.

Grant has a full range of cubicle curtains available in pleasing pastel colors. Swatch book and price list are available upon request. Flameproofing also available.

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trances. Traffic control at the main entrance as well as the ambulance entrance is most important and your organized planning in receiving and shipping plays a small but important part in maintaining the smooth flow of traffic at your front door.

Purchase Order

The purchase order is a four-part tear-out form. The original is mailed to the supplier, while number two, the receiving copy is attached to the invoice with the receiving slip to be processed for payment. Copies three and four are filed by the supplier alphabetically and numerically, respectively. We feel this is a prompt system of reference and control.

Invoice copies and purchase orders are filed in the secretary's office, making them available to the clerk for pricing his inventory card, as well as to the purchasing agent for the plentiful information they contain. For example, a quick glance at the invoice copy will give you quantity ordered, quantity received, unit cost, date ordered, date shipped, length of time in transit, the carrier's name in case of damage and other such items of information that are important to the department.

This entire operation should be executed and maintained by a staff of six persons namely the head storeman, the stores clerk, porter or dispatcher, receiver-shipper, secretary and purchasing agent. A staff of this size should be adequate to serve a hospital of approximately 650 beds.

The "organization" of the purchasing department is second only to the "integrity, ability and loyalty" of its own personnel. Combine these, and we will maintain not only the confidence of our employer, but the high standards of purchasing which now exist. ■

The position of the Purchasing Agent

At the recent meeting of the American Hospital Association, Charles E. Burbridge, superintendent, Freedmen's Hospital, Washington, D.C., said at a session entitled "Defining the Rôle of the Purchasing Agent" that the purchasing agent's services are as important to the patient as those of the surgeon or nurse.

The purchasing department can also be called an auxiliary service, Mr. Burbridge said, because it exercises a combined line and staff function for the benefit of the entire hospital.

Hospital purchasing departments have a high degree of similarity through their connection with hospital administration, Mr. Burbridge pointed out, but he added that there is a very wide variation in the educational preparation of purchasing agents.

The position of purchasing agent, with its extensive responsibilities and strict operating requirements, would seem to demand that the hospital purchasing agent have either broad experience or specialized training in the field, Mr. Burbridge indicated.

He also stressed that the purchasing agent's mental attitude is more important to his success than his mental capacity.

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This beautifully constructed Food Cart by Wear-Ever will give years of rugged service—and reduce fatigue! Made of strong Alcan aluminum alloy in an attractive anodized stucco finish—yet it's 'feather-light' weight and ease of operation will surprise and delight you. Chemically brightened to reduce stains. Does not show marks or scratches and will not mark linens. Other features include protective rubber bumpers and large smooth rolling casters that swivel at finger touch. Available in handsome colors of 'Silvertone' or 'Goldtone'.

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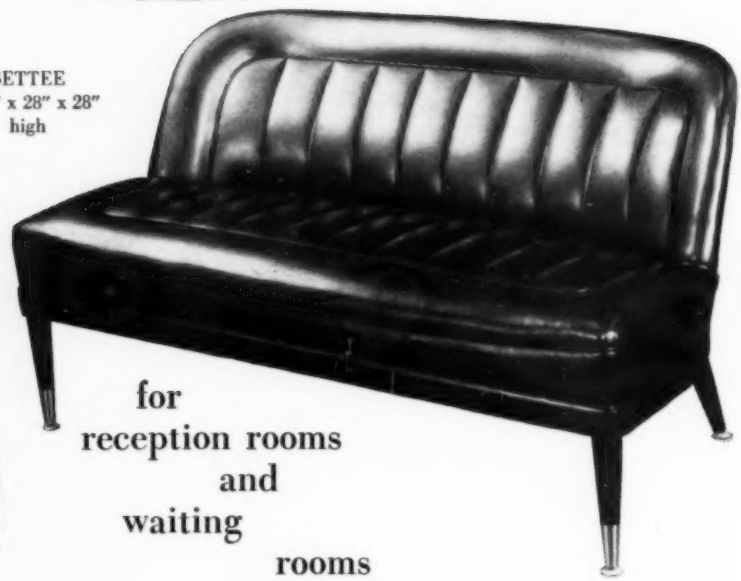

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Beautifully upholstered by Simmons craftsmen, they have Beautyrest seat cushions for superior seating comfort.
Settees and chairs have deep welted and fluted seats and backs. They have round walnut legs with protective brass ferrules and brass swivel-type rubber cushion glides. An excellent range of colours is offered in both vinyl-coated and regular woven fabric covers. For complete information, ask your nearest Simmons office.

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the best quality. As examples of this, consider tinned fruit and vegetables which come in three grades: fancy, choice and standard. I would recommend choice grade, as the fruit in question are just as nourishing, and often more tasty than those in the fancy grade. With regard to poultry, the grade B bird is as tasty and nutritious as a grade A bird. Is it necessary for us always to buy the utmost in quality and expense in medical and surgical supplies? This is not necessarily the case. There is sometimes a great saving by buying one of the less advertised items. Bear in mind that, just because an item is advertised nationally, or because its price is high, it does not necessarily mean that it will perform its function better than another cheaper item.

The cost in use factor, which is the true or ultimate cost, is not to be confused with the initial cost. No matter how good your purchasing or store keeping may be, wastage, pilfering and misuse of items can completely nullify any savings which you have initially made. If your staff realize that the supplies used in the hospital cost money, and if you can impress them with the idea for instance that a thermometer is worth approximately the price of a package of cigarettes and a small syringe is worth a pair of nylons, you have a worthwhile achievement. When people are cost conscious, they are waste conscious.

Labour saving devices are becoming more common—particularly in the line of disposables. When you are buying these, you may say to yourself, "This is a little expensive, but we are saving labour." If, however, you are saving labour to no avail, you have achieved nothing. You are not trying to save labour to give staff more time to drink coffee, chat and generally loaf around. If you want to save labour to get more work from the staff, then go right ahead and buy labour saving devices when you know there is an actual saving when the amount expended and the time which can now be utilized are compared.

The purchasing agent's duties are to buy the right quality in the right quantity at the right time, at the right price, and to be available at the right place. You as the purchaser should, presumably, be the best informed person in the hospital on current market trends, new materials, new products and possibly new techniques. You will not have time to read everything, and you will not have time to do all the necessary research. However, a valuable source of information is the salesman as well as institutes and conventions. It is your duty to check into the availability and performance of certain items, and to decide which is the best to use in your hospital. You counsel your staff with regard to the items which you are purchasing. You must also be receptive to the advice of your colleagues.

The purchasing agent must have an open mind. By this I do not mean that he should have nothing between the ears but as you are well aware, there tends to be resistance to change and to new ideas. Buy without prejudice!

As a general rule, you should buy locally, provincially, and nationally—in that order everything else being equal, and I state everything else being equal. You do not necessarily have to support the local community if their prices and services are not as good as those which you can obtain elsewhere. When buying, attempt to buy from reputable companies. Bear in mind the service received in the past, and the services which you hope to obtain in the future. Give consideration to the fact that some salesmen call on you regularly. This does not mean, of course, that you can purchase from every man who calls on you.

Nor is it wise to put all eggs in one basket. To spread your purchases too thinly means much paper work for you and much for the company, without any resulting profit to either. Attempt to standardize on your products to enable you to get better prices, and to familiarize yourself and your staff with them. I have a few notes on ethics: all travellers should be accorded civility. They are a valuable source of information, and they have often travelled quite a distance to see you. They bring information with regard to products and other hospitals' experience. It is expected, of course, that the travellers in their turn, will also show civility and respect, and will not attempt to fritter away the time of a busy matron or secretary.

Quotations should be respected. You expect the prices given to you to be the best and not to be subject to bargaining. Avoid shar practice. Remember that your fir loyalty is to your hospital. Be r ceptive to advice and consult you colleagues.

When buying, attempt to b specific, even if only by quo ing catalogue numbers. There s nothing more infuriating nor tim consuming than to receive a order stating one catheter or o syringe. The supplier is n psychic.

All hospitals should use the own purchase orders, duly stamp with the sales tax exemption stan Obtain and use quotations, whe ever the quantity requires th Use receiving reports of one ty or another, so that when goo are checked, they can be compare with the purchase order and wi the invoice. Too often goods are r ceived in small hospitals and ar put away in a corner without hav ing a thorough check. When re ceiving quotations and invoice check carefully for price, quantity discounts, f.o.b. point, et cetera Goods should be dated and priced as soon as they are received. Check your stocks regularly for obsolescence and do not hesitate to ask companies to accept these for return. When you check your stocks regularly, at least every six months, there is little danger of companies refusing to accept goods for return. As you have priced the goods as they are received you will have no difficulty with your year-end inventory. Make sure that store rooms are kept locked and that only responsible persons have access to them.

In the purchase of capital equipment, give some thought to having an equipment committee which should meet two or three times a year, particularly at the end of the year, to review what items are needed of a capital nature for the next year. Try to make up a list. It is surprising how many capital items, when not bought immediately but are reflected upon, are not considered really necessary after a period of time has elapsed. When you have your list of capital equipment, draw up a priority list. Obtain quotations and information about the items, and when you have the total amount involved you can decide how much can justifiably be spent.

A few words about storage problems may not be out of place in concluding. I have not left this to the end to denote its lack of im

(concluded on page 166)

Complete responsibility centred in one specialized organization!

Undivided responsibility for *all* phases of a temperature control installation — from coordinated planning to future service — is the key to lasting owner satisfaction. Each Johnson System, small or large, is furnished on this basis, for 75 years' experience has proved it to be the *only* way to assure the kind of lifetime efficiency and operational economy you expect from your control system.

When you invest in a Johnson Pneumatic Control Systems you are investing in years of reliable performance, something hardly to be expected from scattered sources whose responsibility ends with the sale. With air conditioning, heating, and ventilating systems becoming increasingly complex, now it is even more important that responsibility for your control system be centered in one organization.

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JOHNSON CONTROL

PNEUMATIC SYSTEMS

GROWING WITH CANADA SINCE 1912

Purchasing Techniques
(concluded from page 164)

portance, as would sometimes appear to be the case in hospital design. Invariably stores are dumped in any spare old room or rooms in the basement.

The best place for stores is at ground level at the rear of the hospital. Goods should be stored preferably on shelves and rarely on the floor. With those goods that have to be stored on the floor, keep them on 4" pallets. The storeroom should be laid out in orderly fashion with due regard for the difference in types of goods stored. Keep your stores clean, dry and well ventilated. An ideal storage temperature is 60 degrees Fahrenheit.

Good purchasing and storage can save you time, money and lots of grief. ■

Coming Conventions

Oct. 18-20—Manitoba Hospital and Nursing Conference, Winnipeg.

Oct. 24-26—Ontario Hospital Association, annual convention, Royal York Hotel, Toronto, Ont.

Oct. 25-27—Associated Hospitals of Alberta, Northern Alberta Jubilee Auditorium, Edmonton, Alta.

Oct. 27-28—Ontario Conference, Catholic Hospital Association, St. Joseph's Hospital, Toronto, Ont.

About the Film "A Simple Detail"

Every day of the year more than 2500 residents of Ontario are admitted to the hospitals of the province. Nearly all of them have their hospital bills taken care of, routinely and without question, through the Ontario Hospital Insurance plan. But there is also a small percentage who find that they are not entitled to the benefits of the plan—usually because they have overlooked some simple detail which would have kept their insurance in force.

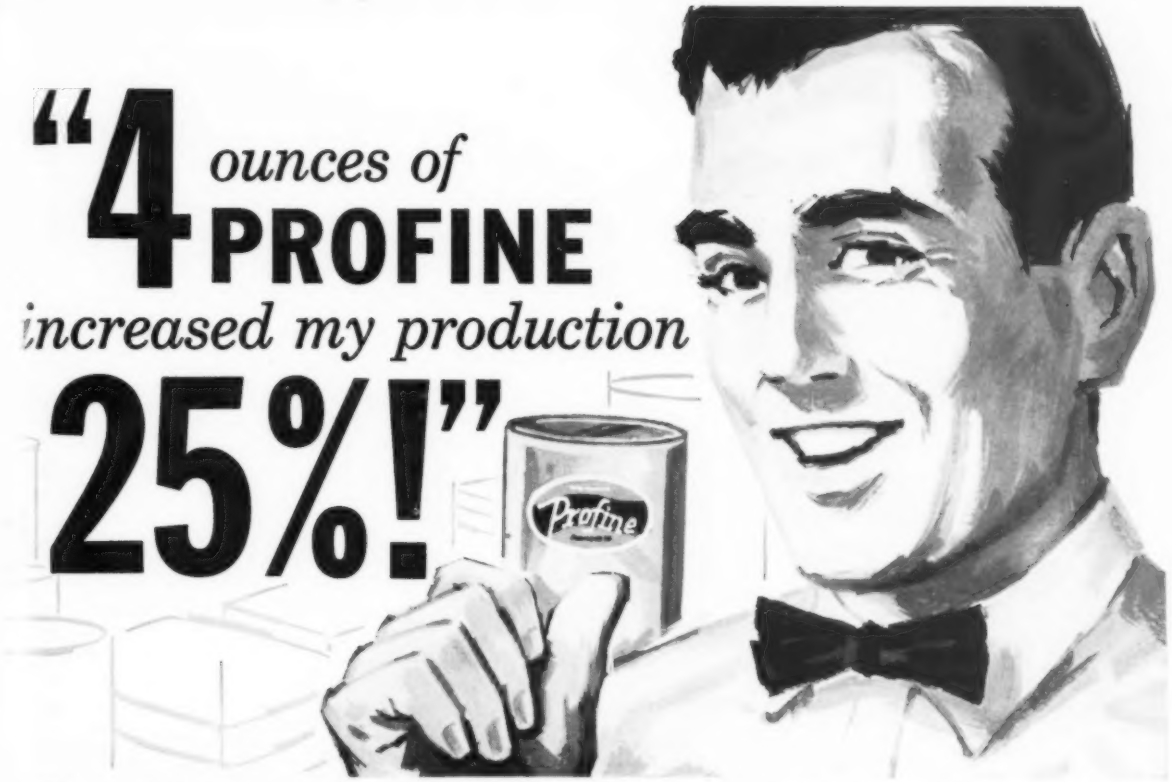
To remind residents what they must do to safeguard their insurance protection, the Ontario Hospital Services Commission has now followed-up its literature and advertising with a 27-minute documentary film—appropriately called *A Simple Detail*. In dramatic fashion, the film tells how the lives of three people—a pensioner, a housewife and a high school boy—are affected when the need for hospital care arises unexpectedly. Produced by Crawley Films, with the co-operation of the Ottaw Civic Hospital, the film combine real-life hospital personnel wit professional actors to put acros its forceful message.

In order to reach as wide public as possible, the Commissio is inviting churches, clubs, societie and other organizations to borro the film for showing to their mem bers. Requests for loan of the fil should be addressed to: Publi Relations Department, Ontario Hos pital Services Commission, Toronto

The truest help we can render to an afflicted man is not to take his burden from him, but to call out his best strength that he may be able to bear the burden.

—Phillips Brooks

"4 *ounces of* PROFINE *increased my production* 25%!"



This hospital had a real bottleneck! They had ample washing and finishing capacity, but their extractors could not handle the load (and the budget would not permit purchase of new extractors). The operator called in his P & G man to try and solve the problem.

P & G man explained to the operator how he could reduce extraction time up to 25% by using Profine Paste.

Test loads proved that the addition of 4 ounces of Profine per 100 lbs. of flatwork cut extraction time from 20 to 15 minutes!

Thanks to Profine, the bottleneck is now gone. In addition to more available linen, the fabrics are now softer and smoother as well.

Try PROFINE today and enjoy its other benefits—elimination of flat work rolling, reduced linting and friction wear.

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Please have your representative call regarding Profine.

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Budgets boon or bane?

(continued from page 70)

tion of the extent to which the plan is being followed and the budget standard achieved. Control provides a measurement of individual and group performance and the degree of co-ordination achieved. There are, of course, dangers in this control aspect of budgeting.

A too rigid adherence to budget could mean that the acquisition of certain equipment needed to improve patient care or reduce costs is postponed or delayed. It could also mean that certain research work will not be performed because no provision had been made for it in the budget. A sure way to create antagonism towards the budget is to refuse a salary increase to a deserving employee because it has not been included in the budget. Budgets are the servant of management not the master.

There are dangers on the other side of the coin also. If a budget allocation proves to be excessive it may be that there is less incentive for the manager to exercise maximum control. Changing conditions may mean that a budget for a particular department is too low and must be raised, but it is also possible that a downward revision is appropriate in another department.

Freedom

Let us take a moment to study hospital A and hospital B, each of which has approximately 100 beds. Hospital A has no budget. The administrator feels that the only way he can exercise control over the expenditures is to see and approve every purchase order and see and approve every employee hiring slip, rate change authorization, dismissal or retirement requisition. He also insists upon reviewing requisitions for stores and pharmacy supplies. Unfortunately, however, the time required for these duties makes it necessary for him to skip over the approvals very quickly; and, in some cases, considerable delay results from the fact that he cannot always be at his desk to approve purchase orders when they are made up. His department heads feel little responsibility for the operation of their own departments because they have no authority to purchase or hire on their own initiative. They receive no information fro the accounting department, ind cating the cost of their particul activities. Occasionally, when t administrator notices an increa in the cost of a certain departme from one year to the next, he di cusses it with the department hea but the answers he receives, these circumstances, are usual quite unenlightening.

In hospital B the administrat has set up a budget. The budg has been approved by the boa and it has been broken down in twelve monthly budgets by t comptroller. Each month the budg is compared with actual and t cumulative budget is compar with the cumulative actual. Ea department manager participat in the preparation of his budg covering the expenditures which can control and each month he r ceives a little statement showi his performance in relation budget. Position control has als been established and it is withi this framework of budget and posi tion control that the departmen managers have their freedom. Pur chase requisitions are signed b the department manager. Hirings

and firings likewise are controlled by the department manager. When an unusual or extraordinary expenditure is anticipated, the department manager consults with the administrator and together they work out a course of action. Where several alternatives are possible, the comptroller is also consulted and he tries to assist in the determination of the costs of the various alternatives.

The administrator naturally has a great deal more time for constructive thinking and the active supervision of his hospital. He is not tied to his desk approving numerous purchase orders. He still signs cheques, of course, and has an opportunity to keep himself familiar with the hospital's purchases by reviewing invoices which are submitted to him at this time. He may question an invoice where he is interested in the particular circumstances surrounding the purchase. He has confidence in the system of internal control set up by the comptroller and the auditors and he is satisfied to wait for the monthly statements showing the comparison with budget to find out how the various managers have performed.

The managers on the other hand take a personal interest in the departments and have a real sense of responsibility for the costs thereof. They know they will be questioned if they exceed their budget, but they also know that they will be commended if they are well within it. The budget provides a yardstick for success as well as a yardstick for failure. They feel that they are trusted and they strive hard to justify the confidence which has been placed in them.

In the case of hospital B there is better control, but even more important there is freedom. Board members, knowing that they have a realistic and carefully thought out budget, feel confident that the financial results will be as forecasted. The board will naturally have more confidence in the budgets for the second, third and fourth years if the budgets for the preceding years have proved to be realistic. The administrator also has freedom. He has a plan which has been approved by the board. He knows that he can operate within this plan without continually wondering what the board will think of this or that action. It may be, of course, that a capital expenditure will be required which was not in the capital budget. In this case, the administrator may wish to consult with his board before taking action, but this does not detract from the fact that he has complete freedom to run the hospital within the framework of the master plan. The administrator also has freedom from the constant worry of trying to check every purchase order. He has delegated the responsibility for the making of decisions to the level at which the decisions can best be made.

The comptroller also has freedom. He knows that the organization is following a plan which was developed through a careful weighing of the various alternatives and careful analysis of the facts. If he were to try to analyze results without a budget, by comparing them with those of prior years, he would probably find it difficult because of changing conditions which bring other variables into the picture.

(concluded on page 170)

Budgets boon or bane?

(concluded from page 169)

The comptroller also has his own departmental budget which represents the freedom area within which he can exercise his own discretion.

Freedom from Fear

The atmosphere for budgeting must be free from fear. If after careful study a budget is prepared by a department manager which does not work out exactly as planned, there should be no criticism or recriminations. Psychologists have found the following reactions common among those who experience a sense of failure: loss of interest in work, lower standards of achievement, loss of self-confidence, tendency to give up quickly, refusal to try new methods or accept new jobs, expectation of failure, increased difficulty working with others and a tendency to blame others.

It has been estimated that if a company's executives are right 50 per cent of the time, the company will be a success. The board cannot expect the management of the hospital to be right all the time, but they can establish an atmosphere free from the fear of being wrong. No budget program can thrive unless such an atmosphere exists.

Henry Ford forgot to put a reverse gear in his first automobile. The galleries are full of critics who make no mistakes because they attempt nothing. The arena is full of doers who make many mistakes because they attempt many things.

Are You Just a Scorekeeper?

Let us assume in closing that the board and the administrator have decided that a full scale budget program is desirable. They throw the ball to the comptroller who up to now has been nothing but a scorekeeper. The comptroller has the opportunity not only to record past activities, but also to help control the present and plan the future. He is faced with a tough selling job before he can expect the wholehearted support of the various department managers who will be influenced by their own and their department's individual needs and are possibly plagued by feelings of insecurity and jealousy. It represents a challenge worthy of the best efforts of any comptroller. If he fumbles the ball he will return to the status of a scorekeeper—the man whose department prepares the pay-roll and balances the accounts receivable. If he catches the ball and makes the play, he will be rewarded with the feeling of satisfaction experienced by a rugby player who has just made the winning touchdown in the last second of play. He will be a permanent member of the management team and his help and guidance will be sought by all members of the organization. ■

Safety

Education in safety begins with study of responsibility—responsibility for preservation of our own lives and the lives of others. It doesn't cease with stopping and looking and listening—it goes on to think. People who refuse to think about safety are setting the stage for tragedy.—*The Royal Bank of Canada Monthly Letter*

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7 ways to improve patient care and hospital efficiency

...through the functional use of communications and sound

Well-planned Executone sound-communication systems can perform heroic labors in the hospital. More than 30 different applications have been designed. Seven broad areas are detailed here. They are capable of lifting many burdens that high costs and personnel shortages impose on patients, administrators and staff.

1. Provide for instant command-response in surgery

Lives can be saved by immediate response to doctors' commands in the Surgical Suite. It is vital that a surgeon obtain assistance from remote departments with as much dispatch as he receives an instrument from his Operating Nurse. He may, for instance, have to suspend an operation until a report on a specimen can be obtained from Pathology . . . until Blood Bank or Sterile Surgical Supply can fill an unforeseen need.

Executone's intercom systems put these services at the surgeon's immediate disposal. They fulfill special requirements of the Operating Room—explosion-proofing . . . foot-operation . . . extremely well-modulated voice reproduction. They can, in addition, be used to transmit 2-way voice communication between the surgeon and students.

In other than surgical areas where urgent situations arise, action can almost always be expedited by properly-specified Executone communications.

2. Raise nurses' productivity; improve bed-patient care ...in new and existing hospitals

Time and motion studies have proved that nurses' foot travel can be reduced by as much as 65%. At the same time, more duties can be assumed by orderlies, aides and Practical Nurses. The source of these skilled-labor-savings is the Executone audio-visual nurse call system. It can make a reduced nursing staff more responsive to the patients' needs.

In most cases, it can be installed using existing nurse call wiring. An effective audio-visual system will incorporate the following factors:

a. ability of patients, including those unable to move or speak normally, to use the system effortlessly.

b. operation of the system with all its advantages regardless of the location of nurses at any given moment, or the number of calls registered.

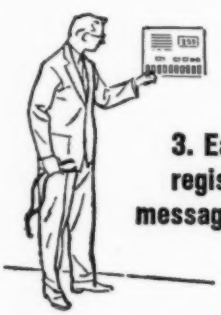
c. provisions to avoid a patient's being unable to signal.

d. psychological reassurances—of the proper registration of a patient's call, and the maintenance of his privacy.

e. foolproof, urgent-priority call registration from bathroom stations.

f. use of the system to monitor sounds in post-operative cases, polio or seclusion wards, nurseries, etc.

A demonstration of Executone's advanced nurse call equipment will show you how all these functions and safeguards can be implemented, and a system designed for any set of requirements.



3. Ease doctors' registration and message problems

In-out registration and message collection duties are so burdensome to doctors that many frequently neglect these essentials. Confusion and delays result. Executone, however, makes available a variety of systems designed to relieve this condition. One notable advance is Executone's simplified, one-stop register-and-message facility.

This facility is made available to the doctor at all habitually used entrances. Each register is tied in to a central compact "memory" unit at the hospital message center. The doctor need only punch

is own 3-number code into the nearest gister and indicate whether he is en- ring or leaving. This information is ored in the "memory" unit and is in- ntly available at *any* register. If there s messages for a doctor when he uses register, a blinking light alerts him, and may speak to the message center by way intercom. The use of a central emory" unit makes possible significant onomies in wiring.

Increase the versatility of doctor-paging systems

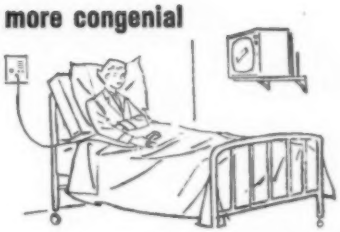
The paging facilities in today's hospital can offer a far greater range of service—thanks to Executone's multi-purpose systems. Not only does this equipment make possible a variety of interchangeable paging methods, but it will accommodate background music and alarm functions as well.

In addition to the conventional all-hospital page, the Executone-equipped paging center may use:

zoned paging. A sequence of zoned pages will usually locate a doctor without disturbing the entire hospital. A typical sequence might be: obstetrical suite . . . maternity ward . . . doctors' lounges and dining rooms.

localized paging. This system operates as above—with this exception: On floors or wards served by nurses' stations, paging is restricted to the duty area. The nurse completes the page by selective use of the nurse call system. This method gives maximum quiet in patient areas.

5. Make the hospital environment more congenial



Sound can be genuinely therapeutic. Leading administrators attach great importance to its use for diversion and entertainment. They favor the availability of music—in wards and labor rooms, for example, as well as waiting rooms and visitors' facilities. Chapel services can be transmitted to the rooms of patients who so desire.

Executone's versatile paging and nurse call systems readily handle these additional functions. For example, each patient can be supplied with an Executone Pillow Speaker and controls. This remarkably compact instrument is a high quality sound reproducer . . . radio station and TV channel selector . . . volume control . . . and nurse call cord set—all in one. No radios are needed in the rooms. Programs—and records or tapes—originate at a central control rack.

6. Speed internal action; keep telephone lines free

Reliance on the telephone for internal communication in the hospital often results in delay and switchboard congestion. Efficiency requires a channel of communication independent of the telephone . . . in order that administrators may have direct contact with heads of departments . . . that related departments be in instant touch with one another . . . that there be adequate intercom facilities within departments.

Executone's intercom systems have proved their worth in hundreds of hospitals — in terms of increased staff productivity, time savings, and freeing switchboards for rapid response to emergency calls.

7. Expedite out-patient, clinic and emergency service

Traffic can be made to flow smoothly, and doctors' time conserved, by effective communications in departments serving ambulatory patients. Emergency admissions, too, can be handled with efficiency . . . day and night.

Executone intercommunication — between nurses' stations and the medical facilities they serve — is the key to improved operation in these areas. An ambulance entrance which is not regularly staffed at night can be made functional around the clock—by the use of an outdoor Executone ambulance intercom station to summon proper personnel upon arrival of an emergency case.

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There's gold in them thar cans
(concluded from page 48)

sources of loss within the hospital. An examination of soiled linens consigned to the laundry resulted in the recovery of instruments and other miscellaneous articles which represented a substantial value at replacement cost.

A comprehensive survey of salvageable materials was conducted, taking into consideration, current market values, insurance restrictions, storage facilities and sources of disposition.

Kitchen food waste, consisting of vegetable cuttings and peelings, scraps and other unusable food items, was first considered. The volume of material was weighed daily for a period, to determine the monthly and yearly quantity. When volume was established, market value to pork farmers was determined and advertisements of material for sale were placed in several rural newspapers. Subsequently, the material was sold to the highest bidder on the basis of a contract for one year. The successful buyer also agreed to maintain refuse cans in a sanitary condition, thus relieving the department of maintenance work involved. Revenue from this single item amounted to $700.00 annually.

Next to be incorporated into the salvage program were the many hundreds of various container lines, corrugated cardboard cartons, one gallon glass jars and baskets of varying sizes, each having their individual re-saleable value. Sale and pick-up of materials was arranged on a weekly basis so that storage facilities would not be overcrowded.

Non-returnable steel drums, potato bags and cotton sugar bags contributed to the program. From the engineering and maintenance department came scrap metals, pipe, et cetera, as well as obsolete equipment and furniture; each of which had its value. Even waste grease from plumbing traps was recovered and sold.

In the routine daily operation of the average hospital there are many items discarded which have recoverable value. The market value of used x-ray films is higher to-day than ever before, with prices offered ranging from five cents to twenty cents per pound. Reclaimed silver from x-ray chemicals continues to remain fairly stable and although prices for used paper products and baskets have declined in the past few years this material still has a re-saleable value.

A survey of individual departments will provide an insight into the possibilities of a salvage program and will reveal those items which have a definite salvage value. As an example the following list indicates some of the many items from which revenue can be derived.

Food Service department: waste food, cuttings et cetera; surplus waste fats; bottles and jars; potato bags; sugar bags; cartons and boxes; and used tins 105 oz. size.

Pharmacy department: bottles miscellaneous; and containers metal (non returnable).

Radiology department: x-ray films (used); reclaimed silver; kraft paper envelopes (used).

Engineering and maintenance department: scrap metals; used pipe and irrepairable plumbing fittings; obsolete equipment and furniture; and trap fats.

Stores department: drums 45 gallon (non-returnable); containers 5 gallon (non-returnable); cartons corrugated; paper corrugated (waste); paper kraft (waste); newspapers and magazines; baskets—1 bushel, 11 quart, 6 quart; and bottles.

There may be many more items in your hospital which have a salvage value, if not for the purpose of re-selling, to be recovered for further use in the hospital, thus contributing to the program by reducing direct expense. From our own experience we have seen a salvage program with very modest beginning grow into a substantial source of annual revenue. There can be no doubt about it, "There is value in scrap." ■

Telephone Inquiry Service at Toronto Western Hospital

New equipment installed by the Bell Telephone at the Toronto Western Hospital has relieved the work of the attendants at the patient inquiry desk considerably saving the time of both the hospital staff and the persons making the inquiries. The new equipment called 101 AX key box system enables attendants at "Inquiry" to connect callers directly to any extension telephone in the hospital.

Bulk Buying

(concluded from page 47)

annum. The going rate for short term investment is approximately 3 to 3½ per cent per year. Even in the "bulkiest" of bulk buying, one year supply is not feasible nor practical, with the exception of canned foods. In our opinion, when a hospital has an average turnover of its inventory of three to four times per year, that means that we carry the stock for an average of three to four months. Since we wanted to arrive at its investment value at 3½ per cent per annum, only a very insignificant amount of money would be the yield of such investment. By way of illustration: if our stock had a value of $20,000—and the hospital wanted to invest money instead of having stock at 3½ per cent per year, for three months, the yield would only be $175. We can readily see that this is a totally inadequate reason for not carrying sufficient stock and for not having the conveniences mentioned before of having adequate stocks.

Bulk buying can be combined with contract buying, which has certain advantages over bulk buying. By buying under contract we can obtain deferred delivery over a period of time, and advantage can be taken of prices based on larger quantities. We can spread the delivery schedule so that it is consistent with estimated future requirements. In our hospital many items are bought in this fashion.

We hope that these lines have sufficiently illustrated the advantages that can be derived from buying in quantity and on contract, as this is an excellent mechanism for obtaining the lowest cost for the supplies we buy. Even in smaller hospitals, where storage facilities are quite often inadequate, ways and means should be found to take full advantage of the available space.

In short, there are hazards in any decision. Proper and accurate weighing of all relevant factors, coupled with the courage to make a decision, will result in considerable benefits to the hospital. ■

Lac La Ronge Opening

The new hospital and nurses' residence at Lac La Ronge, Sask., has been officially opened. Cost of the project is $480,000 and the hospital contains 25 beds. A tour of the hospital by the public was impossible as the hospital was filled with patients.

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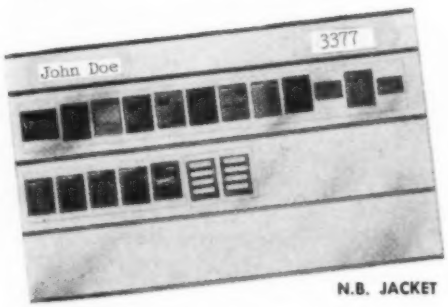

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Well Chosen Meals
(continued from page 82)

sity. They found that the more formal education the homemaker had, the more she knew about foods and the better she fed her family. This work was carried out in Rochester and Syracuse, New York. The fact that the public will buy faddy food books in such quantities and will believe many deceptive advertisements shows that there is interest in the field of nutrition education. It also shows that there is a great need for more reliable, but interesting, information on nutrition.

Reading good books and journals on food nutrition gives one new ideas which make teaching more interesting both to the teacher and to the class. Unfortunately some books written by physicians and occasionally even by qualified dietitians are quite unscientific and unreliable. If you do not know the author and are not sure that he is well qualified to write such a book, I would urge you to consult your nearest university home economics department or the Division of Nutrition of the Department of National Health and Welfare in Ottawa before you read the book. They would be only too pleased to advise you.

Your nutrition teaching, which I presume you slip into cooking classes where it fits naturally, is really important. I presume you have your students keep records of all they eat, both at and between meals for one, two, three or even seven days and then have them score their own records, using the Nutrition Division's score sheet. We feel it is best not to have them score each other's records because of possible snobbery or inferiority feelings. I am sure you praise them where they have done well and discuss with them the special values of the different food groups.

How to plan the day's meals so that enough of all the essentials are included, which foods are interchangeable so as to introduce variety, how to economize safely and how to save as much as possible of what you have paid for when you cook, are all important. As you know from American studies, a skilful cook who is well informed on the nutritional values of foods can feed her family very well but, nevertheless, cheaply. More money for food makes this achievement easier, but does not guarantee the provision of excellent meals.

As a whole our babies are quite well fed—although we are seeing much more scurvy and rickets in Toronto now than we did before 1954. Sometimes the pre-school youngster eats too much of the easily managed foods like potatoes and gravy and bread and butter—but the public school youngster usually eats well except perhaps in the summer when he fills up too much on soft drinks and ice cream cones. The teen-age boys do not do too badly because they eat so much. But the teen-age girls often pick very inadequate meals. If she has learned to eat and enjoy well-chosen food earlier, she may get back on the tracks fairly soon, but many of them stick to these easy, poor and almost habit-forming meals. When she marries and starts to have a baby, she has no nutritional reserve to fall back on. Often her baby gets a poor start—we all hope the baby survives—but unless you can break in on this vicious circle, the whole thing starts all over again when her baby reaches her teens. Some support for this idea of nutritional reserve has been provided by Dr. Genevieve Stearns of Iowa City[10]. She found that previously well nourished girls were better able to use the calcium in

heir meals during adolescene than hose who had been choosing poor eals prior to this time.

Inspiring the teen-age girl to ick to her good eating habits, or improve her habits when this needed, provides a real challenge at will take all your ingenuity d skill. Forcing as you know is sented at this age, but frank estions and discussion are usually lcome. If you allow them to disree with you verbally they feel at they do not need to disagree ith you in practice. Certainly you n tell them truthfully that well osen meals do result in qualitaely superior growth, without erweight, that they result in the st possible appearance and ergy and that they are needed r the maintenance of excellent alth.

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Pension Scheme Proposed

The Nova Scotia Hospital Assoiation has announced plans to proide a contributory pension scheme r all hospital employees in the rovince beginning next January. he plan and recommendations for s administration have been subitted to the Nova Scotia Hospital surance Commission.

The plan would be based on reer average earnings and prosion would be made for past rvice. Employees will be able to ansfer pension coverage from one spital to another within the rovince. The pension plan has en under study for two years.

Hospital Architects

For Salesmen Only

(continued from page 63)

view. You are selling a product *for your company* and mention by name of a competitor's product can change the thinking of your client. Under no circumstances should you ever criticise a competitor's product being used by a hospital. This can be considered a negative selling and criticism of this sort may be taken as criticism of your client himself, since he may be purchasing the very product which you are condemning.

Your personality and personal habits may, in many cases, have a direct bearing on your success as a sales representative. Purchasing agents are no special class of individuals; they are as subject to human frailties and idiosyncrasies as any other group. Some may smoke, while others may be offended by the presence of smoke in the office. Some may object to other habits which, to you, may pass unnoticed. Such incidents as placing of heavy sample cases on his desk, tossing your hat onto a bookcase, or assuming that it is quite all right for you to use his phone. In short, avoid unseemly behaviour and liberties. Be confident, positive, courteous, cheerful and enthusiastic.

Good grooming is a factor which may have some degree of bearing on your success. This does not necessarily mean that the salesman should be a fashion plate; just be well groomed. In short give the appearance of a reasonably successful salesman.

Another approach which invariably creates a psychological barrier in the mind of your prospective client is any mention of a "connection" with someone on a higher administrative level. Even if someone directly related to you happens to be a member of the hospital organization, it is wise not to mention this until you have finished selling your product. This information presented either before or during your presentation may be interpreted as intended to be a form of high pressure salesmanship. On the other hand, once you have completed your presentation your client may be genuinely interested to know of any connection you may have with members of the hospital organization and this may eventually result in a lasting association. It is wise to avoid any situations which could be interpreted as high pressure salesmanship such as detailing department head-

without first clearing your request with the responsible individual. The purchasing agent can, and usually will, assist you in this regard and because of his close association with the internal organization of the hospital, will be able to tell you whether or not the time is opportune for a personal detail appointment. A situation commonly referred to as "by-passing" or "going over one's head" should not be indulged in, as this invariably creates a defensive barrier which will take a long time to erase. Initially, such tactics may result in your securing an order, but the association will not be as satisfying to you or your client as a clear cut business deal. Such situations do not have the flavour of mutual trust nor have they been found to be of lasting duration.

On the other hand, if you feel that you are not making sufficient headway with the purchasing department, "forget it" for that day. Re-examine your approach and your presentation, analyze everything you have said, and determine that you will be successful on your next visit. Familiar faces and repetition of your story bring about a confidence in the mind of your client which will inevitably result in success.

Be honest in your presentation; by this we do not mean that salesmen are dishonest. Perhaps it would be better to say "be realistic", face the facts or "lay your cards on the table". Sometimes in his enthusiasm for a sale or a desire to give service, the salesman is inclined to gloss over some difficulties and unintentionally mislead his client. Then if difficulties do develop, both the salesman and the purchasing agent may find themselves in an awkward position.

In conclusion, as sales representatives you will frequently be the only contact which your client has with your company and he will depend solely upon you for service and expedition of his order. In hospitals, service is a most important factor and in effect when you sell yourself and your service, it will be much less difficult to sell the product. Many of the most successful sales representatives are those who work just as hard at providing service for their customers as they do at selling the product.

The combination of quality and service forms associations of lasting duration and result in mutual benefits to both yourselves and your client. ■

Consulting Engineers

A.C.H.A. Activities

Tol Ferrell, administrator of th Shannon West Texas Memori Hospital in San Angelo, is th new president-elect of the Amer can College of Hospital Admini trators. His nomination was a nounced at the General Membersh Assembly of the College, held o August 29th at the Sheraton-Palac hotel in San Francisco.

Robert S. Hudgens became fir vice-president and Clarence Wonnacott, second vice-presiden Mr. Hudgens is the director the School in Hospital Admini tration, Medical College of Vi ginia in Richmond. Mr. Wonn cott is the administrator of th Latter-Day Saints Hospital Salt Lake City, Utah.

Two new regents for the Colleg were elected. Philip Bonnett, M.D became regent for Region One an John W. Kauffman for Regio Four. Four regents of the Colleg were re-elected to another term i office. They are: Wilson F. Benfer Region Seven; Robert W. Bach meyer, Region Ten, Alfred E. Maffly, Region Fourteen and Dr. J. Ralph Boutin, Region Eighteen.

Testimonial Award

The Board of Regents has ac cepted an offer of the alumni o the Course in Hospital Admini tration at the University of Minne sota for the endowment, in per petuity, of the Book Award as testimonial to James A. Hamilton, director of the program at that school, former president of the College and current chairman of the Book Award Committee.

The Book Award, called the "Hospital Administrators' Award", is presented annually at the College-sponsored Congress on Ad ministration to the author of a outstanding book in the field o administration.

The award carries a $500 cas prize and a medallion. Under the endowment a fund of $15,000 wa donated by the alumni to under write the program.

The first of the newly endowe Book Awards will be made at th Fourth Annual Congress on Ad ministration to be held in Chicag between February 2-4th, 1961.

Life is a progress from want t want, not from enjoyment to enjoy ment. — *Boswell's Life of Dr Johnson.*

With profound regret we announce the death in England of Mr. H. N. Smith, President of Smith & Nephew Associated Companies Ltd., London, England.

• • •

A nephew of our founder, Mr. T. J. Smith, he was directly responsible for establishing the company in Canada 40 years ago.

• • •

We know his many friends who came to know him well during his periodic trips to Canada, will share in our great loss.

•

SMITH & NEPHEW LIMITED

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Canada.

Book Reviews

DECISION MAKING IN HOSPITAL ADMINISTRATION, A Casebook by James A. Hamilton. Published in Canada by Thomas Allen Limited, Toronto, 1960. Pp. 706. Price $11.25.

James A. Hamilton* has utilized his many years in hospital administration and his experiences as an educator to develop this casebook. While the case study technique has been used successfully in other fields during the past few years, there has been a lack of material of this type related to hospital administration. The compilation of cases by Mr. Hamilton will help to fill this lack.

The opening chapter of the book discusses the methods of using cases for study. The author cautions that this form of teaching should not be used for the whole educational process. Because cases are mainly concerned with problems, it is felt that the perspective of the student would be distorted if other teaching methods are not employed.

The remainder of the book is devoted solely to the presentation of cases. The group of eight problems—definition exercises outlined is perhaps the only weak section in the book. If the book is to be used for the novice in hospital administration, more experience in identifying problems would be beneficial. Mr. Hamilton may have felt that this experience would be gained as the student continues with the sections on problem solving.

The problem-solving cases are arranged by subject matter; "those connected with determining the need for hospital service facilities; those identified with establishing a new general hospital; those concerned with the external relations of a hospital; those concerned with the internal operation of a hospital; those concerned with the making of changes as the hospital adapts."

A total of 130 cases have been presented in the problem-solving section. Usually the case encompasses many factors dealing with operational management. They deal with such topics as: Hospital-Health Department Integration; Press Relations; Housekeeping Operations; and Medical Staff Relations. After each of these studies there are a series of related questions. They are not always identifiable with the case but associated with the natural discussions that would develop from the case.

The four comprehensive cases in section 7 of the case book are lengthy studies encompassing many factors and problems. These have been designed for the experienced student. In order to use these cases a great deal of preparation, as well as time for discussion, would be required.

The "curbstone cases" are short (usually 2 or 3 paragraphs) descriptive cases of situations which would require immediate action on the part of the administrator. Their brevity will lead to their use in examinations or in seminars, where time is limited. The "curbstone cases" usually give only a specific situation with little supporting information. Since this (the situation) is the type of experience the prospective administrator will have, these cases are extremely valuable in the educational process as they broaden the scope of the student.

In the opinion of Mr. Hamilton this casebook will be of benefit to more than the students of hospital administration. The basic administrative principles considered in these cases are equally applicable in the field of public health, sociology, public administration, et cetera. Therefore, this text may be used to supplement the specialized case studies used in these other areas.

Although this text was designed primarily for university courses in hospital administration, its value is not limited to this specialized group. Planners of refresher courses and institutes will find that the cases could be used to advantage. Hospital administrators may find the book beneficial for in-service education of the departmental heads and administrative personnel. However, the administrator would be advised to study the case technique or more harm than good might develop from these sessions.

"Decision Making in Hospital Administration" is an important contribution to the educational field of hospital administration and it is highly recommended for the library shelves of the universities and colleges of those schools concerned with any type of administrative study.—*J. Haslehurst.*

The author is director and professor, Program in Hospital Administration, School of Public Health, University of Minnesota.

PRINCIPLES OF BONE X-RAY DIAGNOSIS, by George Simon, M.D., M.R.C.P., F.F.R. Published by Butterworth and Co. (Canada) Ltd., London, 1960. Pp. 178. Illus. Price $11.50.

In this book Dr. Simon follows the pattern he used so successfully in his *Principles of Chest X-Ray Diagnosis*. Again the method has been used of grouping x-ray material according to the type of x-ray shadow rather than the clinical disease label. A chapter is devoted to hints on x-ray technique.

The subject matter of this book is extensive and illustrations are numerous. Dr. Simon has covered not only the more common abnormalities met by the radiologist but also many rarities. The author says ". . . it has not been possible to include a radiograph to illustrate every condition described. The objective has been to select examples which illustrate the principles of bone x-ray diagnosis rather than to make a complete catalogue of all of the conditions referred to." Deficiency diseases, disorders and diseases affecting growth, development and character of bone are all dealt with.

This book is written essentially for the radiologist, but it will be of great help to the orthopaedic surgeon and all doctors who may be required to interpret the appearances on bone x rays.

Professional Fees

The doctor was fuming when he finally reached his table at a civic dinner, after breaking away from a woman who sought advice on a health problem.

"Do you think I should send her a bill?" the doctor asked a lawyer who sat next to him. "Why not?" the lawyer replied. "You rendered professional services by giving advice." "Thanks," the physician said. "I think I will do that."

When the doctor went to his office the next day to dispatch the bill to the annoying woman, he found a letter from the lawyer. It read: "For legal services, $25."
—*Quill Plains News Letter*

Notes on Federal Grants

Construction and Renovation

A grant of $352,500 has been awarded towards construction costs of out-patients facilities in the new Dental Building at the University of Toronto, Toronto, Ont.

The Oxbow Union Hospital, Oxbow, Sask., has been awarded a $7,440 grant towards construction of a new hospital. The hospital will house 23 active treatment beds, a seven-bassinet nursery, plus operating room, case room, x-ray and laboratory facilities and out-patient services.

A new wing will be added to the Drayton Valley Municipal Hospital, Drayton Valley, Alta., with the aid of a $15,000 federal grant. The new wing will accommodate four paediatric beds, four semi-private beds and three private rooms, two of which will be isolation rooms.

A grant totalling $10,000 has been awarded to the Lacombe Municipal Hospital, Lacombe, Alta., for the construction of a new 20-bed nurses' residence.

A new community health centre, operated by the Central Vancouver Island Health Unit will be constructed at Ladysmith, Vancouver Island, B.C. The centre will be financed partly with a federal health grant of $14,463 and it will provide 4,039 square feet of space for health facilities.

A grant of $610,386 has been awarded to St. Joseph's Hospital, Toronto, Ont., for the construction of a new seven-storey wing which will provide space for 128 active treatment beds, 25 psychiatric beds and 46 bassinets. Accommodations will also be provided for laboratories, a physiotherapy department, and nurses' and interns' quarters.

A new 45-bed hospital will be constructed at Terrace, B.C., with the aid of a $114,585 federal grant. The new building will replace the present ex-military wartime temporary structure.

The Regina Grey Nuns' Hospital, Regina, Sask., will receive a federal grant of $33,260 to aid in a major renovation of facilities in the hospital. The renovation will expand the laboratory and radiology areas of the hospital.

The Moncton Hospital, Moncton, N.B., has been awarded a federal grant of $446,646 which will assist with the costs of major renovations and new construction. The three-year building and renovation program will provide increased space for the out-patient clinic, the reception area, the x-ray department, the physiotherapy department, as well as a new occupational therapy area, new general service areas and additions to the heating and laundry plants. Bed space will be provided for 161 active treatment beds, 18 additional bassinets, and a psychiatric unit of 30 beds.

A grant of $257,120 has been awarded to the Toronto Western Hospital, Toronto, Ont., which will aid the construction of increased facilities for the physiotherapy, occupational therapy and emergency departments; a geriatric department of 48 beds; and additional facilities for nurses' training.

A grant of $18,000 awarded to the Hotel Dieu Hospital, Kingston, Ont., will be used to help renovate the former interns' residence. The building, erected in 1921, will become a nursing sisters' residence.

A renovation project to enlarge and improve the hospital's emergency department has been launched by the Victoria Hospital in London, Ont., with the financial aid of a federal grant in the amount of $14,615.

St. Joseph's Hospital, Chatham, Ont., has been awarded a $130,940 federal health grant to be used towards major renovation of three buildings which were built in 1892, 1912, 1939. Improvements will include re-wiring, new plumbing, modernization of the operating and delivery rooms, nurseries, central service areas and other departments of the hospital.

The Rockwood-Stonewall Medical Nursing Unit, Stonewall, Man., has been allotted a $45,466 federal grant to aid a combined renovation and enlargement project, which will add space for 11 additional active treatment beds, six nurses' beds and provide increased space for x-ray and diagnostic facilities.

The Providence Hospital, Scarborough, Ont. has been awarded a grant amounting to $277,200. The sum will be used to assist in the construction of a three storey building which will provide space for 118 beds for chronically ill and six beds for medical and nursing staff. In addition, areas for occupational and hydro-therapy, x-ray, laboratory and pharmacy will be provided.

A grant amounting to $41,100 has been awarded the Kingston General Hospital, Kingston, Ont. The sum will assist in the renovation costs of patient areas formerly occupied by isolation cases. Modern facilities for physio and occupational therapy, as well as 28 additional beds will be available upon completion of the project.

To assist in building an extension to the existing hospital, the Carrot River Union Hospital, Carrot River, Sask., will receive a grant amounting to $19,300. This extension will provide new accommodation for seven active treatment beds, a new operating room, case room, regular and suspect nursery.

A grant of $34,393 has been awarded to the Charlottetown Hospital, Charlottetown, P.E.I., to assist with the cost of renovating the existing facilities. This will include the conversion of the main dining-room to a cafeteria, improvements in the dietary department, the installation of a service elevator and a tunnel to the new nurses' residence.

Research

The province of Saskatchewan has received a grant of $11,353 for a study of institutional health facilities. The grant will finance a survey to "appraise health progress against health needs". To receive special attention will be the relationship between acute general hospitals, geriatric hospitals, tuberculosis hospitals and mental hospitals in the light of advances that have taken place in the past few years.

Equipment

A grant amounting to $49,000, awarded to the Faculty of Pharmacy of the University of Toronto, will be used to purchase research equipment and to expand the facilities available for graduate students in the faculty.

Health Services

A $8,000 grant, made to the Ottawa Health Department at the request of the province of Ontario, will be used for the extension of health services in the city's separate schools in the 1960-61 fiscal year.

Primarily to Purchase
(concluded from page 49)

calculate material plus labour cost to find the real cost of material which is its cost in use. For example—how much does a gallon of floor wax cost by the time it has been applied and polished several times? How long would it take to pay for flooring that requires little or no wax? We might, in the meantime, compare the costs in use of polished floor wax versus self polishing wax.

In this area of study, accurate calculations on the result of the use of labour-saving equipment can be made. This must be accurate and the report must boldly state whether the results will be in terms of actual lowered salary cost, better patient care or long coffee breaks.

From other investigations, it may be found that a high quality standard brings greater dividends in both service and economy. On the other hand, if it is found that such items as face cloths and teaspoons seldom wear out but disappear in vast numbers, perhaps we should, realistically, bu them as souvenirs in remem brance of the hospital deficit.

4. Service is a word stresse by department supervisors. Th purchasing agent should insi on this when it means delive when promised, up-to-standa quality, prompt repair servi and follow-up in use. When refers to having a salesman vir ually write the requisition, what could be described as "ba me out on Friday for that whi I have not done on Monday", the it is a costly sign of bad manag ment which should be referr to the administrator for eradic tion.

5. The purchasing agent shou keep in close touch with mainte ance as a follow-up on quali and durability. He should chec to see if proper services such a power, water, steam are readil available for proposed equipmen

Why do we make a big produc tion out of buying a single item costing in the hundreds, when we spend thousands daily as a matter of routine?

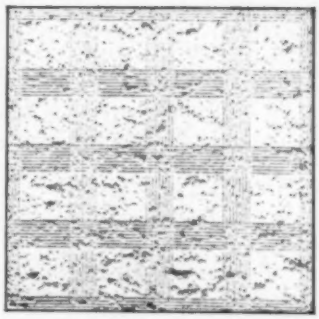
Why is it so easy to see that a purchasing agent is not a good accountant, technician, doctor, lawyer or engineer and so hard to see that some of these people are not good buyers?

In conclusion, I believe we must recognize that in procuring supplies and equipment, the points of decision on policy, finance, specification and price must be understood but nowhere are exchanges of view and co-operation more beneficial. ■

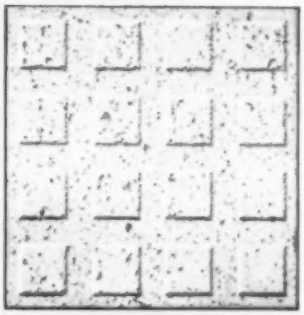
Help Wanted for Missionary League

A letter came to us recently from the Lutheran Women's Missionary League on behalf of the Medical Mission. This letter reads in part ". . . A request has come to us from Dr. Florendo, a mission doctor in the Phillipines, who is trying to expand the mission clinic services to include obstetrics and an extensive teaching program—general hygiene, pre- and post-natal classes for mothers, et cetera. The mission recently purchased one set of delivery forceps, and since it is costly, it is difficult to purchase more . . ."

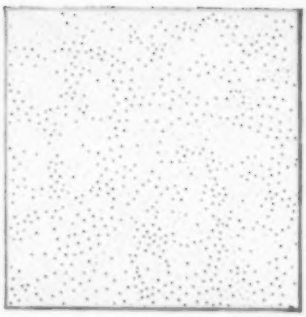
If any hospital has slightly used clinical equipment which could be donated to a good cause, write to Mrs. C. Klassen, Chairman of Medical Missions, Lutheran Women's Missionary League, New Hamburg, Ont.



New "Plaid" Striated, Fissured Celotone® Incombustible Mineral Fiber Tile*



New "Empress" Relief Design Celotone® Incombustible Mineral Fiber Tile*



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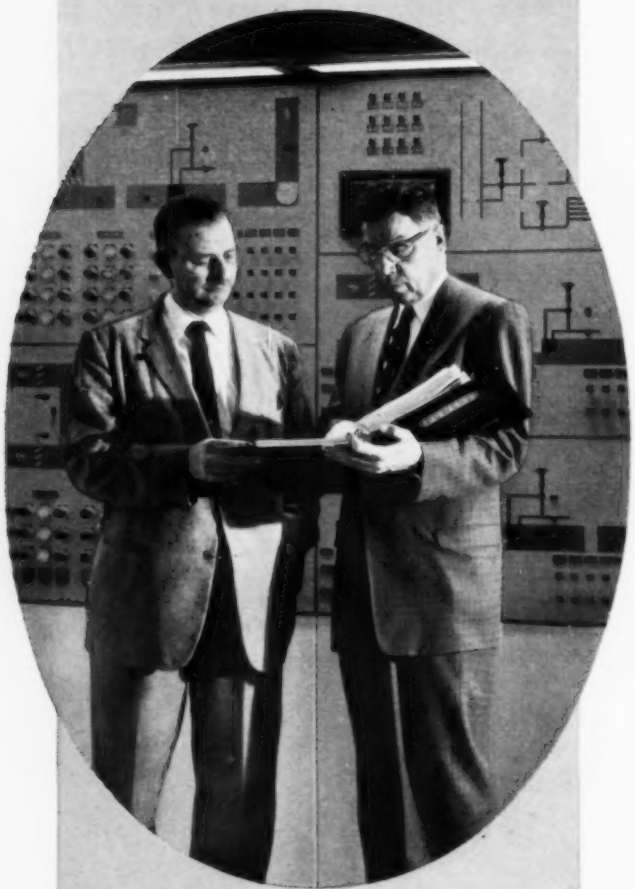
Meeting of Nurses and Surgeons

The American College of Surgeons again invites graduate nurses to attend its forthcoming annual four-day meeting of nurses and surgeons being held in Philadelphia, March 6 through 9, 1961. As in previous years, no registration fees will be charged, as nurses are guests of the College. Headquarters will be the Ben Franklin Hotel.

The advance program lists sessions covering the following subjects: open heart surgery; arterial grafts; radiation and chemotherapy in the management of the advanced cancer patient; nursing research—the intensive care unit; paediatric surgical nursing; management of a child with a meningomyelocele; management of cancer in children; the surgical nurse and the law. Surgeons, physicians, anaesthetists, radiologists, and nurses represent ing various areas of nursing, wi be among the participants. Th program will include hospital d monstrations.

Additional information abo program and advance registrati may be obtained by writing t William E. Adams, M.D., Secretar American College of Surgeons, East Erie Street, Chicago 1 Illinois.

How *Imaginative Engineering* Taming Chica



John Dolio (right) in front of Powers Graph-O-Matic Control Panel with E. S. Anderson, engineer for the Illinois Psychiatric Institute.

The unusual temperature requirements speci fied for the new Illinois Psychiatric Institut presented an extraordinary challenge fo John Dolio & Associates. This Chicago engi neering firm was asked to provide an abso lutely uniform temperature throughout th 11-story, T-shaped building. Because tem perature variations cause extreme discomfor —even pain—to mental patients, the syster had to be accurate, foolproof and automatic Because Chicago temperatures rise or fall t extremes within hours—sometimes minute —the system had to be capable of sensing th changing weather picture outside and auto matically and simultaneously reacting inside.

The resulting design provides all the answers . . . in a Powers pneumatic control system that operates automatically 24 hours a day—every day—at a bare minimum of cost; a system that compensates instantly for sudden outdoor temperature changes; a system that can be checked and controlled by one man.

The result is a functional system of control where practical engineering principles were combined by the Dolio firm with a strong helping of ingenuity in order to whip some of the more unusual problems. For example, since chilled water was to circulate through ceiling heating-cooling panels, a safeguard against condensation was necessary. The engineers solved this problem with a series of dew point controls mounted at various locations in the ceilings. Thus, "controls on a control" prevent water temperature from falling to the point at which condensation could occur.

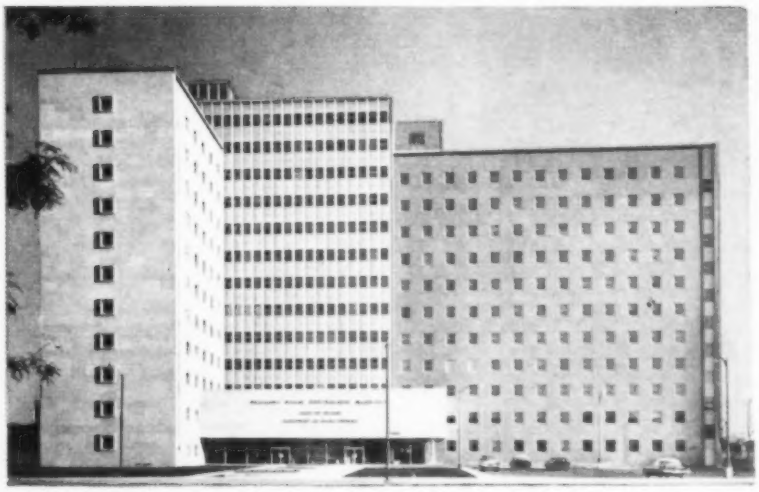
Phil Derrig, Chief Mechanical Engineer of the Dolio firm, inspects one of the dew point controls specially designed to prevent condensation of cold water in the ceiling heating-cooling panels.

Pub
lo/e

Powers Temperature Control To Work Weather At Illinois Psychiatric Institute

Illinois Psychiatric Institute
Chicago, Ill.

Illinois Supervising Architect:
Louis H. Gerding
Architects:
Shaw, Metz & Associates, Chicago
Associate Architects and Engineers:
Fugard, Burt, Wilkinson and Orth
Consulting Engineers:
John Dolio & Associates, Chicago
Heating, Air Conditioning Contractor:
Gallaher and Speck, Inc., Chicago
Ventilation: Zack Co., Chicago



JOB DETAILS

The system encompasses 12 temperature zones, each designed to operate independently in relation to individual zone exposure problems. Ten zones utilize ceiling heating and cooling panels at which hot and chilled water circulate from zone exchangers. Three-way control valves for the water are modulated by pneumatic thermostats in various rooms. Two zones — auditorium and stairwell — have only heat exchangers (the auditorium is supplied with individual conditioned air).

Master outdoor controls sense the changes in temperature outdoors and instantly reset submaster pneumatic thermostats at the zone exchangers. These indoor-outdoor controls are engineered for foolproof maintenance of uniform zone temperatures.

A central control board, the heart of the Dolio design, monitors the complete heating, cooling and ventilating system. The building engineer alone can instantly check 170 control points by merely referring to the Powers Graph-O-Matic Control Panel.

Temperature controls are inaccessible to patients. All controls in the corridors are wall-mounted and cabinet-enclosed; temperature sensors are mounted in ceiling exhaust ducts.

Easy servicing and low maintenance are two big reasons why a pneumatic system of control was specified by this engineering firm. Efficiency at low cost is characteristic of this type of control — as it is with the Powers pneumatic system installed here.

Safety and comfort for patients is provided for throughout. For example, in hydrotherapy, in showers, in sitz baths, etc., Powers Hydroguard® thermostatic water controls prevent scalding and eliminate dangerous water temperature fluctuations.

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MANUFACTURERS OF THERMOSTATIC CONTROLS SINCE 1891

A Prospective Medical Records Librarian *looks into the future*

Sheila Sheftel
and
Eileen Crawley
Toronto, Ont.

HELP WANTED — FEMALE: Medicine wants you—for interesting career with statistical, intellectual, legalistic and/or administrative future. If you are eager to enter a field of opportunity, with unlimited horizons—apply to your nearest school of medical records.

MANY girls in the final months of high school or college, casting about for next year's goal, might well welcome this mythical advertisement and seek more information. If their questioning glance should turn to us, two prospective graduates, the following could well take place:

We would woo them with the following words, first giving them our personal prescription for enlightenment on the basis of good physicians plus good records equalling good medicine. And lest anyone should think that medical records are a new invention, dreamed up by bureaucrats of the modern hospital era for the express purpose of entangling physicians in their red tape, we would simply point to the words of Hippocrates. It is an historical fact that he, after a teaching healing day, would spend his evening by candlelight, without benefit of tape recorder or dictaphone, writing case records of that day's patients, not in the cryptic abbreviations of today, but in careful detailed prose.

Turning from the historical past of their about-to-be-chosen future, we would bring them to a modern hospital of today, be it metropolitan or outpost clinic, where we would show the medical record department to be an integral part of that hospital and an important area wherein management is vitally concerned.

At first glance a utilitarian room of telephone and typewriter, microfilm unit and multiple filing cabinets, it would reveal to its eager participant a story of past illness, a guide to future treatment, a basis for scientific research, a means of evaluating medical practice, and a legal document safeguarding doctor, hospital and patient. There, the aspiring student would learn that a conscientious, competent medical record librarian complements the physician, sharing a mutual goal of better patient care—a career made worthwhile because it is interpreted in terms of human value.

Lest the bright-eyed enthusiast should be dazzled by our white-coated glamour, we would point out that chart-reading is not always a pleasant task. The meticulous checking of details, the frustration of missing information, the oft-times tragic story told by the final diagnosis, the apalling knowledge that people are so ill-informed in this day of fastly-disseminated medical data, the growing realization of the sometimes hopeless task of the modern physician, calls for not a shirker of detail, not a clock watcher, nor an inveterate coffee breaker, but a person of integrity, loyalty and intelligent patience.

The future applicant would be assured of many weary days of study before success, but if she could remember that career would not be built entirely on the number of A's she collected in Anatomy or Bacteriology, nor how rapidly she riffled the pages of her nomenclature in search of the correct code, but rather on the type of service she rendered her hospital and its physicians, how graciously she instructed the personnel under her guidance, how conscientiously she scanned each record for final approval and how well she remembered that accessible, accurate and complete records are not luxuries but basic requirements for a well-run record department. On these things would her success be evaluated.

On the day of graduation, her small gold pin of achievement would enable her to take her place among that worthy band of compatriots, the good physician, the good nurse, the good technician, as a good medical record librarian, bound together by the knowledge that in their hands more patients would receive better care. ■

The authors are graduates of the School for Medical Record Librarians, St. Michael's Hospital, Toronto, Ont.

Building Closed at the Essex County Sanatorium

The Braid Building at the Essex County Sanatorium in Windsor, Ont., was closed to active tuberculosis treatment in August. This was the oldest building of the sanatorium, opened in 1923 and named after Annie S. Braid.

It is interesting and encouraging to note that during the past three years the tuberculosis population at the sanatorium has decreased from 175 to 54 patients.

New Wing Opened

The $3,500,000 new wing of St. Joseph's General Hospital at Port Arthur, Ontario, has been officially opened. This 200-bed wing is the major part of the project which also includes the complete renovation of the present hospital. Final completion of the $4½ million project is scheduled for August, 1961. The hospital will then have 358 adult and nursing beds. The master plan is designed to carry an additional extension from the south wing over the parking lot from the second floor to the fifth, should the need for further expansion be necessary.

Relief for Asthmatic Patients

A semi-private room, at the Regina Grey Nun's Hospital, Regina, Sask., has recently been set up with air conditioning and micronaire equipment to eliminate aggravating dust and pollen particles from the air. The equipment in the room appears to give patients rapid relief and is also of diagnostic and therapeutic value. Temperature and humidity in the asthma room can be controlled and pollen and dust particles in the air are removed by the electrostatic method. Bedding, mattresses, pillows, curtains and all linens are non-allergenic. Use of cosmetics, except lipstick, is forbidden. So are gifts of fruit and flowers.

Classified Advertising

Advertisements for insertion should be mailed to Canadian Hospital, 25 Imperial St., Toronto 7, Ontario. Rates for classified advertisements are as follows:

$3.75 per column inch or fraction thereof, minimum charge $3.75. Display advertisements, set in a box, may be requested on advertisements of 2 inches or larger at no additional charge, ¼ page display advertisement — $25.00. Advertisements must be received by the first of the month to appear in that month's issue.

Dietitians

Applications are invited from qualified dietitians, with membership in Canadian Dietetic Association for the posts of Chief Dietitian and two assistant dietitians, at the General Hospital, St. John's Newfoundland.

This is a 456-bed acute General Hospital which has recently enlarged its dietary department and cafeteria.

Transportation will be provided to Newfoundland for the successful applicants. Interested parties are invited to write, giving full details and salary expected, to:

THE SUPERINTENDENT,
THE GENERAL HOSPITAL,
ST. JOHN'S, NEWFOUNDLAND

PHARMACIST REQUIRED

150-bed General Hospital requires the services of a pharmacist to fill a vacancy in a two pharmacist department. For further information regarding salary and perquisites please contact:

Personnel Officer,

BRANDON GENERAL HOSPITAL

Box 280, Brandon, Manitoba

Director of Nursing

Modern hospital with 42 adult beds and 11 bassinets has vacancy for Director of Nursing.

The hospital is located in a company operated town and serves a population of approximately 6,000. Community organized recreation. Residence accommodation and all conventional benefits available.

Salary range $387.-$507. per month, commensurate with experience and qualifications.

Apply giving particulars of training and experience to

Administrator,

ANSON GENERAL HOSPITAL

Iroquois Falls, Ont.

Medical Statistician

The Ontario Hospital Services Commission in Toronto has an opening in its Research and Statistics Division for a university graduate (male or female) with statistical training and either some experience or definite interest in medical and diagnostic terminology and related matters.

The applicant must have a thorough understanding of statistical procedures and be capable of applying them to problems connected with the collection and analysis of medical statistical data.

Salary open, depending upon qualifications and experience.

Reply in writing to Miss M. R. Fulcher, Personnel Assistant.

Ontario Hospital Services Commission, 135 St. Clair Ave. West, Toronto.

General Hospital, St. John's Newfoundland

requires

ASSISTANT SUPERINTENDENT (Medical)

Applications are invited from physicians to fill the vacant position of Assistant Superintendent at this 456-bed acute general hospital. Salary to $10,500.00. This is a pensionable position with three week's annual vacation and generous sick leave. Further information can be obtained from

The Superintendent, The General Hospital, St. John's, Newfoundland.

ADMINISTRATOR WANTED

Applications will be received by the Foothills Provincial General Hospital Board for the position of Administrator. The Foothills General is a 700 bed active general hospital to be located in Calgary and to serve as a referral centre for Southern Alberta. Construction will start in the near future. It will be the responsibility of the Administrator to work with the Architects during construction period and to develop a complete administrative organization for operation of the hospital. Applicant must have a broad experience in both hospital construction and administration. Please state qualifications, experience and salary expected. Address all applications to:

Chairman, Foothills Provincial General Hospital Board, Box P1102, South Edmonton, Alberta.

DIETITIANS REQUIRED

Qualified Dietitians for 450-bed accredited hospital. Large Student School. New and modern Dietary Department, cafeteria and trayveyor service. Salary commensurate in accordance with C.D.A. recommendation. Day shifts only. Liberal holidays, sick leave, pension plan and other perquisites. Excellent working conditions and quarters prevail. Transportation refundable after six months.

Apply Director of Dietetics,
McKellar General Hospital,
Fort William, Ontario

Two Staff Dietitians Wanted

For 446-bed hospital with complete program in Victoria. Duties include teaching student nurses, some therapeutic diet work or ward food services; 40-hour week, 10 paid statutory holidays, 4 weeks vacation, medical and pension plan, good salary with 4 annual increments. Write Miss Mary E. O'Brien, Director of Dietetics, Royal Jubilee Hospital, Victoria, B.C.

Medical Record Librarian Required

Second Medical Record Librarian wanted for 200-bed hospital. Usual personnel benefits. Salary commensurate with ability. Apply Administrator.

ST. JOSEPH'S HOSPITAL,
CHATHAM, ONTARIO

COMPTROLLER

Chartered Accountant with experience in Hospital Accounting required. 230 bed hospital in University city. Salary according to qualifications and experience.

Please apply to:
Rupert H. Stocker, Administrator,
Victoria Public Hospital,
Fredericton, N.B.

Operating Room Supervisor

With post graduate training, required for 180-bed fully accredited hospital. Average monthly surgical load—157. Duties consist of administration of department and educational program of students in department. Basic salary—$335 per month.

Apply stating qualifications and experience to

Superintendent of Nurses,
Victoria Union Hospital,
Prince Albert, Sask.

THERAPEUTIC DIETITIAN

Applications for the above position will be received by the Personnel Dept. of the Vancouver General Hospital. Applicants must be eligible for C.D.A. membership. Duties include patient food service and therapeutic diets. Beginning salary $300.00 per month with usual employee perquisites.

Administrative Employment

Required by Royal Canadian Army Medical Corps administrative officer, 10 years' experience in military hospitals. Retiring from Army. Currently student H.O.M. extension course.

Reply to Box 803 R, Canadian Hospital, 25 Imperial St., Toronto 7, Ontario.

Director of Nursing

for 80 bed general hospital, 20 miles from London. New hospital to be built early in 1961. Excellent personnel policies.
Apply to Administrator, Strathroy General Hospital or phone collect.

General Duty Staff Required

for 80 bed hospital, 20 miles from London. Accommodation available in residence, excellent personnel policies.
Apply to Administrator, Strathroy General Hospital.

DIRECTOR OF NURSING

Director of Nursing wanted. Modern 750 bed accredited civic general hospital (200 bed addition being built). Responsible position. To plan and direct education (of 300 students) and service programs. Perquisites include suite with service, pension plan, four weeks vacation, sick benefits. Salary $7,000.00-$9,000.00 annually depending on qualifications and experience. Duties to commence as soon as possible. Address replies to Chairman, Calgary Hospitals Board, Calgary General Hospital, Calgary, Alberta.

Associate Director of Nursing

Calgary General Hospital invites applications for the position of Associate Director of Nursing. Modern 750 bed accredited civic general hospital (200 bed addition being built). Duties to commence as soon as possible. Salary range $5,000.00-$6,500.00 per year depending on qualifications and experience. Liberal benefits and personnel policies. Address replies to Administrator, Calgary General Hospital, Calgary, Alberta.

Specifications for Surgeons' Gloves

RECENTLY the Canadian Government Specifications Board published a specification for surgeons' gloves. This new Canadian specification calls for a very high standard of control over quality and workmanship.

The specification is the result of over three years of research and testing, under the supervision of the Canadian Government Specifications Board, and applies to both types of surgeons' gloves, brown milled and latex, having smooth or rough finish and straight or curved fingers. Noteworthy is the fact that any manufacturer making claims to meet the specification must do so or be liable under the Canadian Criminal Code.

Canada has manufactured and exported surgeons' gloves for almost half a century; and the fine quality of these products is recognized in more than fifty countries throughout the world. Foreign countries are quite willing to pay a premium for Canadian quality and in the United Kingdom, Canadian gloves are the only ones not manufactured in England which are approved by the government. This world-wide recognition of quality, together with almost fifty years experience in manufacturing, bears out the fact that gloves manufactured in Canada have long been of a high standard.

Canada has been deluged with gloves from many countries, and no hospital has the knowledge and costly testing equipment to determine the quality of such gloves. Therefore, this specification fills a need, and a serious need in Canada to protect hospitals, surgeons and patients from unknown or low quality gloves and inadequate testing methods after production, prior to shipment.

Among the advantages to hospitals in Canada of using gloves which meet the requirements of the new Specification are the following:

1. Such gloves must meet a very high minimum standard of quality and *every glove must be individually inspected* before a manufacturer can claim to meet the specification and stamp gloves "CGSB 20-GP-22".

2. Sizes, which have varied as much as one full size, between manufacturers, are controlled to minus ⅛ inch to plus ¼ inch in circumference at the palm and plus or minus ⅜ inch in circumference at the wrist.

3. Thickness of material in gloves must be controlled to within 5/1000 of an inch at the finger tip and 4/1000 of an inch in the fingers and palm.

4. The tensile strength and elongation (stretchiness) of new gloves and tensile strength of gloves after sterilization is controlled by laboratory testing during production.

5. The new specification clearly describes the characteristics of the two different types of surgeons' gloves—brown milled and latex. This information has often not been given to hospitals as few manufacturers in the world produce both types as does the industry in Canada.

6. All markings on gloves (sizes, et cetera) must remain legible after boiling the gloves.

Purchasing agents in Canadian hospitals can now know at a glance that the gloves they are purchasing are of a safe quality and have been individually tested before shipment. The new specification should clear up any existing confusion between the various types of gloves available.

Copies of the new *Specification CGSB 20-GP-22* are available from the Secretary, Canadian Government Specifications Board, National Research Council, Ottawa 2, Canada, at 15 cents per copy. ■

Twenty Years Ago

From the Canadian Hospital October, 1940.

Breakfast for Hitler

A garden club in Boston recently exhibited a "Breakfast for Hitler" display which drew a great deal of attention. The "tasty" concoction consisted of a garland of deadly nightshade, poison ivy, bull thistle and thorns, which encircled a miniature skunk placed by the side of an old-fashioned moustache shaving cup. We would suggest that next time there be added some rattlesnake plantain, some yellow adder's tongue, the viper's bugloss, some lousewort in the corner, a little lambkill and near the ghostly corpse plant a tempting group of toadstools, preferably of the deadly *amanita verna* species, the "destroying angel".

Empty the Attic

The Home Secretary in Great Britain has issued an order making it imperative for all movable articles to be removed from attics in urban areas as a precaution against fires which may be caused by incendiary bombs. Although this does not apply to attic spaces furnished as living quarters, it does apply to the roof spaces in hospital buildings where there is no fixed staircase. Although we hope that incendiary bombs will never fall on hospitals in Canada, a somewhat similar order here would help to clear the attics of many hospitals and other public buildings of unnecessary rubbish.

Insurance Deductions for Evacuees

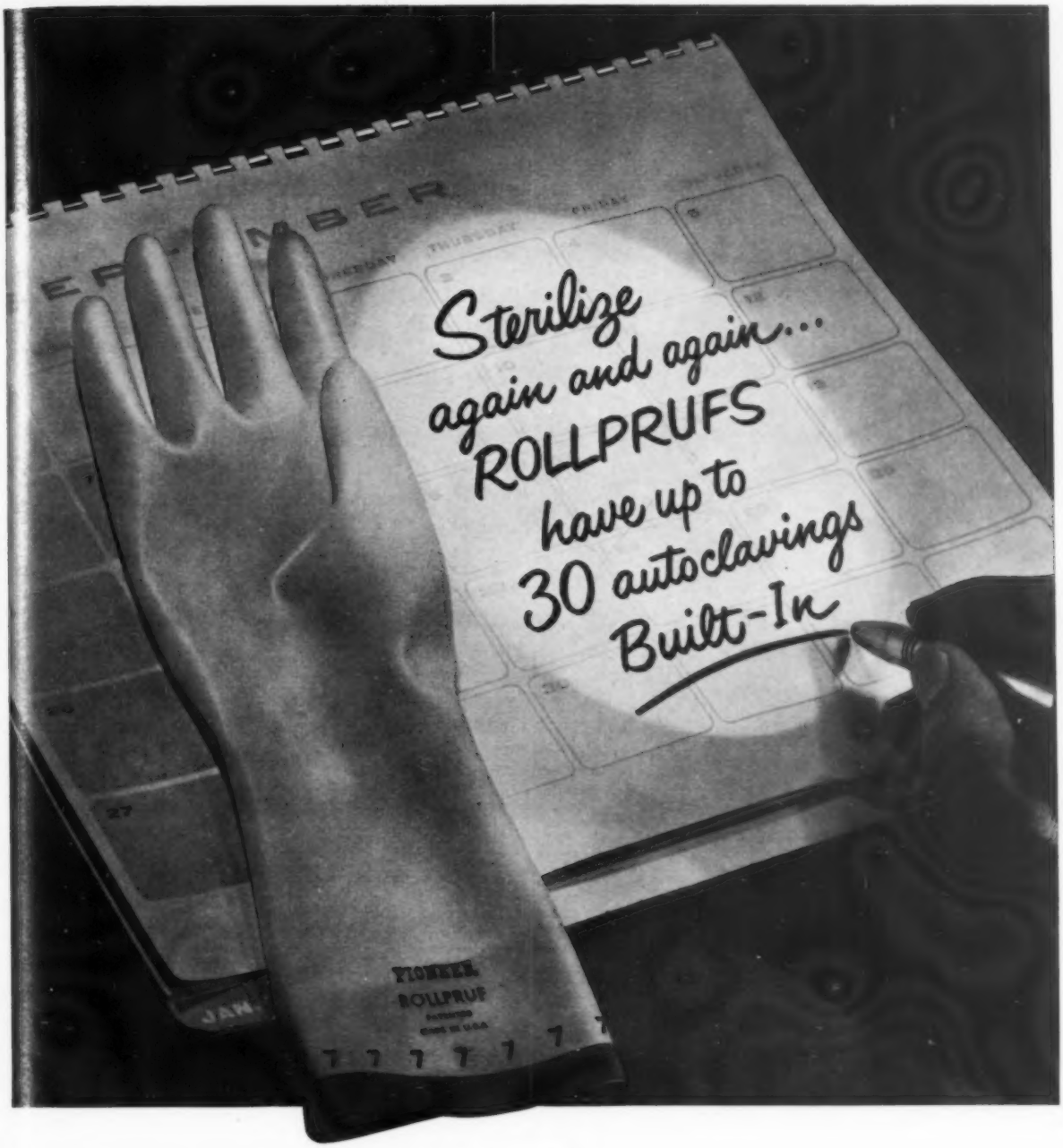
The Blue Cross, the hospital care insurance plan in Massachusetts, has announced a special $6 per year rate for all refugee children and a number are now being enrolled by their new guardians. The regular rate is $10 for an individual.

Dietetic Section of the O.H.A.

The Dietetic Section of the Ontario Hospital Association will meet on Tuesday, October 25, at the O.H.A. Convention which will begin the week of October 24, at the Royal York Hotel.

The speakers for the Section and their topics are as follows: "The Dietitian's Role in the Metabolic Ward", Donald Fraser, M.D., Research Institute, The Hospital for Sick Children and Marilyn L. Trenholme, nutritionist, Ontario Department of Health; "General Disorders of the Gastro-Intestinal Tract", John M. Finlay, M.D., F.R.C.P.; "Some Aspects of Protein Nutrition", James M. Salter, M.A., Ph.D., associate professor in medical research, Charles H. Best Institute, University of Toronto; "Listening, the *Vitamin* in Communication", C. W. Wright, president of C. W. Wright and Associates; and "Interpersonal Relations", Karl S. Bernhardt, Ph.D., Head, Department of Psychology, University of Toronto.

A large attendance of dietitians from Ontario is expected and other delegates are welcome.



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